



South Dakota Mental Health Statistics Improvement Program (MHSIP)

What Do Youth and Family of Youth Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Yearly since 2001 random surveys have been conducted of Youth fourteen years of age or older who had serious and persistent mental illnesses. Starting this year random surveys were also conducted of Family of Youth as well. All eleven community mental health centers have volunteered to participate in these surveys.

Survey Distribution and Returns

The Youth and Family of Children and Youth samples were derived from all active cases who had received one service in the last 3 months. Where possible 100 cases were randomly selected from each CMHC, of which 80 were sent out and 20 were reserved for those questionnaires sent back as undeliverable. Where there were fewer than 100 cases appropriate compromises were made.

Youth Sample: For Year 2003, out of 783 surveys sent out 132 surveys were returned as undeliverable because of a bad address, leaving 651 possible successful returns. Surveys were returned by 138 youth, for a return rate of 21%. Youth were included in the subsequent analyses

Number of Surveys Completed by CMHC for each Year

PROVIDERS	Grand Total	Year 2001	Year 2002	Year 2003	Deli- vered	% Com- plete
Not Available	22	18	0	4		
Behavior Management Systems	47	12	20	15	100	15.0%
Capital Area Counseling	20	7	5	8	38	21.1%
Community Counseling Services	24	10	9	5	38	13.2%
Dakota Counseling Institute	50	9	22	19	100	19.0%
East Central Mental Health	12	9	1	2	16	12.5%
Human Service Agency	32	10	11	11	54	20.4%
Lewis and Clark Behavioral Health Services	62	20	21	21	100	21.0%
Northeastern Mental Health Center	60	27	17	16	87	18.4%
Southeastern Behavioral HealthCare	38	6	22	10	60	16.7%
Southern Plains Behavioral Health Services	23	3	6	14	38	36.8%
Three Rivers Mental Health	14	2	6	6	20	15.0%
Totals	404	133	140	131	651	

only if they had completed sufficient items to compute at least two of the MHSIP domains. One hundred thirty-one (131) youth did this. This represents a return completion rate of 20%.

The table on the previous page shows the number of surveys completed for each CMHC for the three years the survey has been conducted. Of those delivered this year, completion rates varied from a low of 13% to a high of 37%

Family of Youth sample: For Year 2003 out of 852 surveys sent out, surveys were returned as undeliverable by 165 parents or guardians of a youth, leaving 687 possible successful returns. Surveys were returned 210 respondents; this represents a return rate of 31%. These returns were included in the subsequent analyses only if the family member had completed sufficient items to compute at least two of the MHSIP domains. Two hundred five (205) respondents did this, for a return completion rate of 30%.

The table below shows the number of surveys completed for each CMHC for the current year. This is the only year the survey has been conducted on families of children and youth. Completion rates varied from 11% to 27%. Note that there is an inconsistency between the number of surveys sent out and delivered above and in the table below.

Number of Surveys Completed by CMHC for Year 2003

PROVIDERS	Year 2003	Deli- vered	% Com- plete
Not Available	3		
Behavior Management Systems	27	100	27.0%
Capital Area Counseling	20	88	22.7%
Community Counseling Services	21	88	23.9%
Dakota Counseling Institute	11	100	11.0%
East Central Mental Health	6	47	12.8%
Human Service Agency	25	98	25.5%
Lewis and Clark Behavioral Health Services	15	100	15.0%
Northeastern Mental Health Center	25	100	25.0%
Southeastern Behavioral HealthCare	19	100	19.0%
Southern Plains Behavioral Health Services	12	78	15.4%
Three Rivers Mental Health	21	62	27.0%
Grand Total	205	961	

For these two populations it appears that their respective return and completion rates are quite respectable.

Both survey instruments were based on a version of a national instrument designed for both youth and for family members/caretakers of youth that is being implemented in many states through the MHSIP Program. The two survey instruments were identical except for wording changes that made it clear on the one hand that the Youth were answering questions about themselves, while the Family of Youth were answering questions about their child or youth.

Thus Youth and Family of Youth consumers were asked to agree or disagree with 23 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute Appropriateness), results of services (used to compute Outcomes), ability to direct their own course of treatment (use to compute Treatment

Participation) and staff sensitivity to their background/culture (used to compute Cultural Sensitivity). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items.

An overall MSHIP score for each consumer was computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale is left blank.

As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as having been 'satisfied' with that domain. Scores of 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

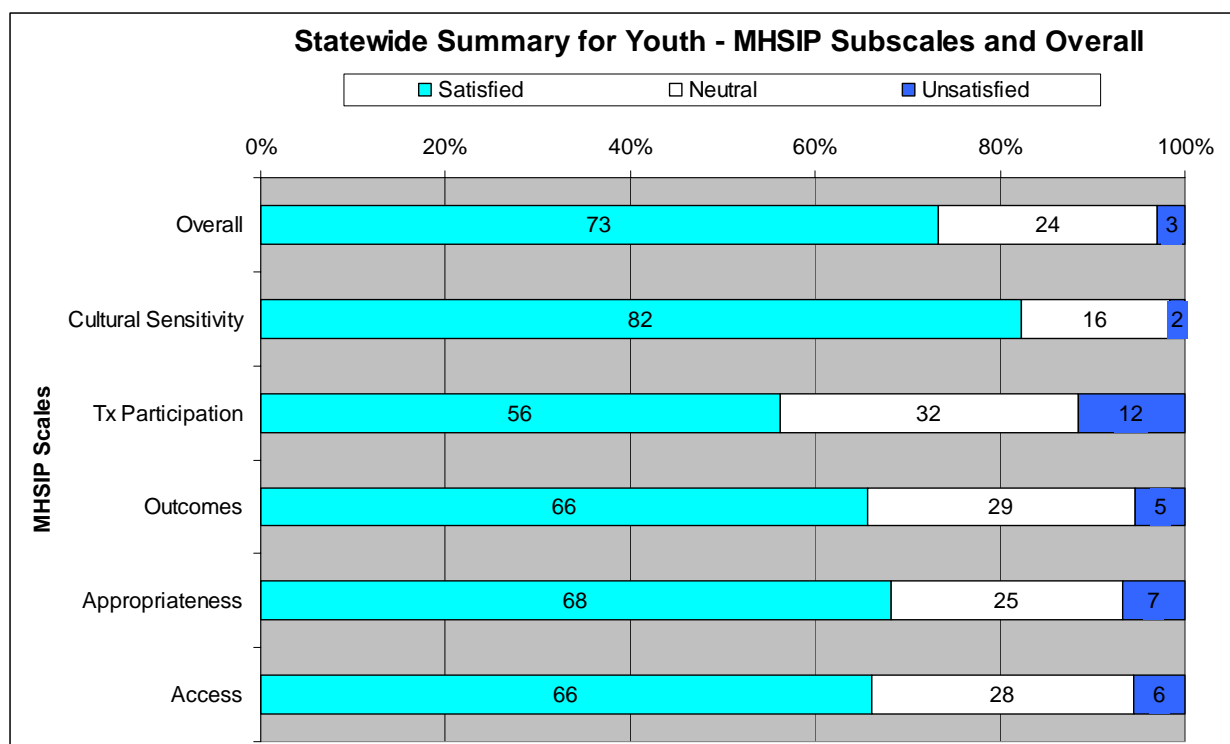
Results for each of these two populations will be compared and contrasted. While the age of the youth who fill out the MHSIP survey is restricted to those 14 years of age or older, the age of the youth in the family sample varies from 4 to 18 years of age. Seventy of the youth in the Family of Youth sample, approximately one-third, are age 14 or older. Where appropriate or necessary, comparisons between the Youth and Family of Children and Youth will be restricted to those 14 years of age or older.

As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as having been 'satisfied' with that domain. Scores of 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

This data will be analyzed and presented based on two different types of scores. The first type will look at whether a consumer has been classified as 'satisfied', 'neutral', or 'dissatisfied' on a particular domain or on the MHSIP overall. A second set of analyses will use the scores themselves as the measure.

Youth sample Statewide: For the Youth sample results for MHSIP Scale overall are shown in the chart on the next page. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

For the current Youth sample results are similar to last year's; descriptively it appears that results are slightly more positive. To assess whether this represented a 'real' change, respondent's average score in each domain were compared from year 2002 to 2003. There was no evidence of a statistically significant change, however ($p > .10$ in all cases). Thus these results appear to be positive, although somewhat less positive than results from other states with similar surveys. Note also that these results were less positive than was the case with adult consumers (see the corresponding Adult Consumer report).



The average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of these 131 consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 117 respondents)	Mean	Standard Deviation
Access (based on 2 items)	127 (96%)	2.12	.82
Appropriateness (based on 7 items)	131 (99%)	2.26	.85
Outcomes (based on 6 items)	131 (99%)	2.33	.72
Treatment Participation (3 items)	130 (98%)	2.48	.80
Cultural Sensitivity (5 items)	119 (90%)	1.93	.69
MHSIP Overall (based on all 23 items)	131 (99%)	2.25	.63

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that adult consumers rate least positively. Treatment Participation was the domain rated least positive by Youth, however, both in this year's and in prior surveys. Intuitively this could indicate that Youth compared to adult consumers are not as likely to feel that they are listened to when deciding on treatment issues. On the other hand such comparisons are difficult to pin down because the wording of the items are somewhat different on all three of the surveys.

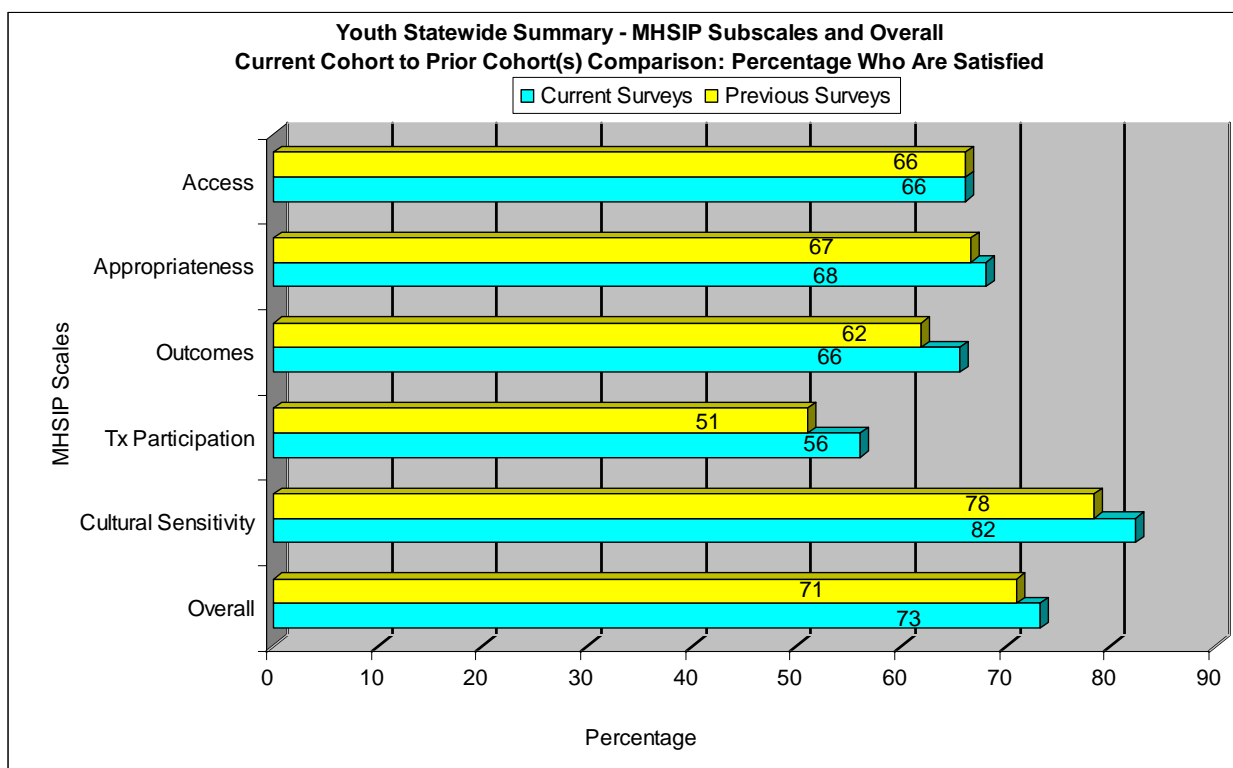
Statistically Treatment Participation was significantly less positive than any of the other domains except for Outcomes. Cultural Sensitivity was the domain rated most positively, followed by the domain of Access. This domain, along with Access, were the most positively rated; these two domains are statistically significantly more positive than the other three domains. The domain of Appropriateness is rated most similar to Outcomes.

These ratings are relatively negative, with close to a third or more Youth falling in the Neutral or Unsatisfied range on the five domains.

On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. This year correlations between pairs of domains fall between 0.33 and 0.70.

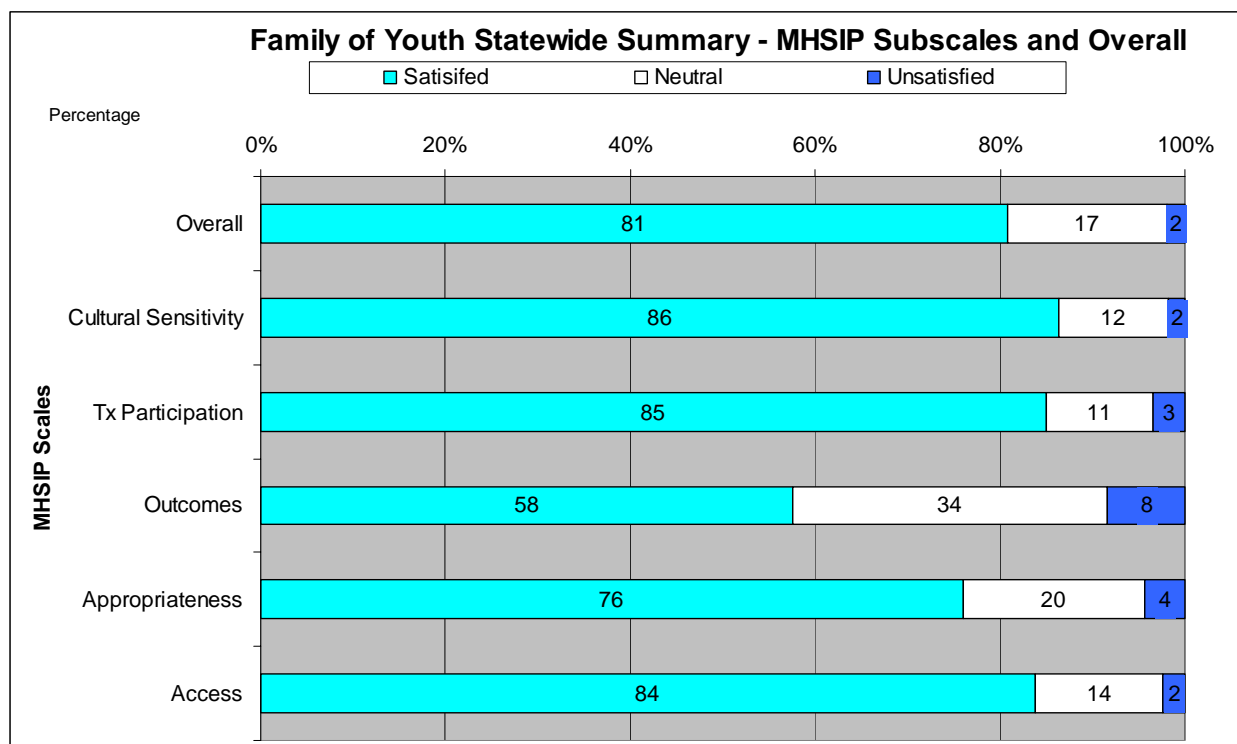
To a very substantial extent both of the patterns described above hold true for the scores derived from the two previous administrations of the survey as well.

Additional “trend” analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the three administrations of the questionnaire. None were found. That is, there is no evidence that, on average, scores on the MHSIP scales had changed. The chart below illustrates this; for responses to this survey compared to all previous surveys it shows the statewide summary of each of the MHSIP subscale (domain) scores along with the MHSIP Overall on the percentage of consumers who are satisfied. These percentages are highly similar.



Family of Youth sample Statewide: For the Family of Youth sample results for MHSIP Scale overall are shown in the chart on the next page. This chart present the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

The results for the Family of Youth respondents were quite positive, even more positive than adult consumers. Since this was the first year such a survey has been done, no comparison with previous years was possible. The percentage of family members or current guardians agreeing with positive statements in each MHSIP domain was higher than was the case with Youth; the one exception was the Outcomes domain.



For the Family of Youth survey the average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of these 205 consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 117 respondents)	Mean	Standard Deviation
Access (based on 2 items)	203 (99%)	1.79	.75
Appropriateness (based on 7 items)	204 (99%)	1.99	.78
Outcomes (based on 6 items)	201 (98%)	2.43	.80
Treatment Participation (3 items)	201 (98%)	1.90	.68
Cultural Sensitivity (5 items)	168 (82%)	1.74	.67
MHSIP Overall (based on all 23 items)	203 (99%)	2.03	.59

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that Family of Youth respondents rated least positively. All other domains were rated quite positively. In fact in comparison with adult consumers, with the exception of the domain of Outcomes, Family of Youth respondents were more positive on all domains that can be compared.

Statistically the domain of Outcomes was rated significantly less positive than any of the other domains. Cultural Sensitivity and Access were the two domains rated most positively, and were statistically more positive than all domains except for Treatment Participation. The domain of Appropriateness was rated most similarly to Treatment Participation.

Thus these ratings are very positive with the exception of the domain of Outcomes.

On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. Correlations between pairs of domains fell between 0.25 and 0.70.

Youth and Family of Youth comparison: The comparison between responses from Youth and Family of Youth raised several questions. First, were the differences between these two groups statistically significant? To answer this scores from each of the five domains and MHSIP Overall were statistically compared; highly statistically significant differences were found for all domains except for Outcomes ($p < .01$ or beyond in all cases; $p = .19$ for Outcomes).

There are three major differences between Youth and Family of Youth sample, however. One such difference is, of course, whether the person filling out the questionnaire is the consumer. The second is the age of the child or youth. Children in the Youth sample are restricted to those 14 years of age or older; there is no such restriction in the Family of Youth sample. The third are associated characteristics such as living situation. To control for the second and third issues, at least to the degree possible, the same analyses were repeated with the Family of Youth sample restricted to those 14-years of age and older who had lived with their parents and had not lived in a group home or correctional facility. Results identical to those using the entire sample were found. This gives additional support to the fact that these are real differences rather than artifacts based on differing characteristics of the sample.

Description of Respondents – Youth and Family of Youth

Respondents will first be described for the Youth sample. A description of respondents for the Family of Youth sample will follow.

Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more female youth (56%) were represented in the surveys than male (44%); this has been highly similar to the percentages for the past two surveys. Four of the respondents did not provide birthdates. Of the remaining all but six reported that their age was 14 or higher. Of those reporting their race/ethnicity most were White, Non-Hispanic (71%), leaving 29% minority. This percentage is virtually identical to the percentage in the preceding two surveys.

Youth: Count of Individuals Completing Items for Two or More MHSIP Domains

Race/Ethnicity - Gender

	Male	Female	Unknown	Total
White Non-Hispanic	43	47	1	91
Non-white	14	23	0	37
Unknown	0	4	0	4
Total	57	74	1	132

For this year's survey 73 youths (58%) reported that they had lived with a parent in the past 6 months. According to respondents, 14% of youths had lived in a Foster Home in the past 6 months, 10% had lived in a Group Home and 15% had lived in a state correctional facility. 18% of youths had appeared in court in the past 6 months (43% of these youth were charged with a crime). Seventy-two of 126 youth who responded (57%) reported that were on medications for behavioral health problems. 22% indicated they were no longer receiving services from the CMHC.

Please see Appendix A. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Family of Children and Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more female youth (57%) were represented in the surveys than male (43%). Three respondents did not provide birthdates for their youth. Of the remaining ages ranged between four and eighteen years of age. Of those reporting their race/ethnicity most were White, Non-Hispanic (74%), leaving 2% minority.

Family of Children and Youth: Count of Individuals Completing Items for Two or More MHSIP Domains

Race/Ethnicity - Gender

	Male	Female	Unknown	Total
White Non-Hispanic	80	64	2	146
Non-white	32	18	1	51
Unknown	4	4	0	8
Total	116	86	3	205

For this year's survey parents or guardians (including foster care parents) 129 of the youths (61%) had lived with a parent in the past 6 months. According to respondents, 10% of youths had lived in a Foster Home in the past 6 months, 2% had lived in a Group Home and 2% had lived in a state correctional facility. 13% of youths had appeared in court in the past 6 months (about 50% were charged with a crime). Fifty-seven per cent were on medications for behavioral health problems. 20% indicated they were no longer receiving services from the CMHC.

Thus on the variables reported in this section with two exceptions the two samples appear quite similar. First, the Youth sample is restricted, at least in theory, to those 14 years of age and older. Second, perhaps not surprisingly, children and youth in the Family of Youth survey compared to the youth in the Youth survey were significantly less likely to have lived in a group home, residential treatment facility, or state correctional facility during the last six months ($p < .05$ and beyond for these three analyses).

Please see Appendix B. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Results by CMHC

Overall survey results for each Center for each of the two surveys are shown on the next two pages; results of the Youth survey are presented first, followed by the Family of Youth survey. This will be followed in the same manner by results for each domain the survey was designed to evaluate: access to services (the ease and convenience with which they got services), appropriateness of services (the quality of services), outcome of receiving services (results of services), ability to direct their own course of treatment (treatment participation) and staff sensitivity to their background/culture.

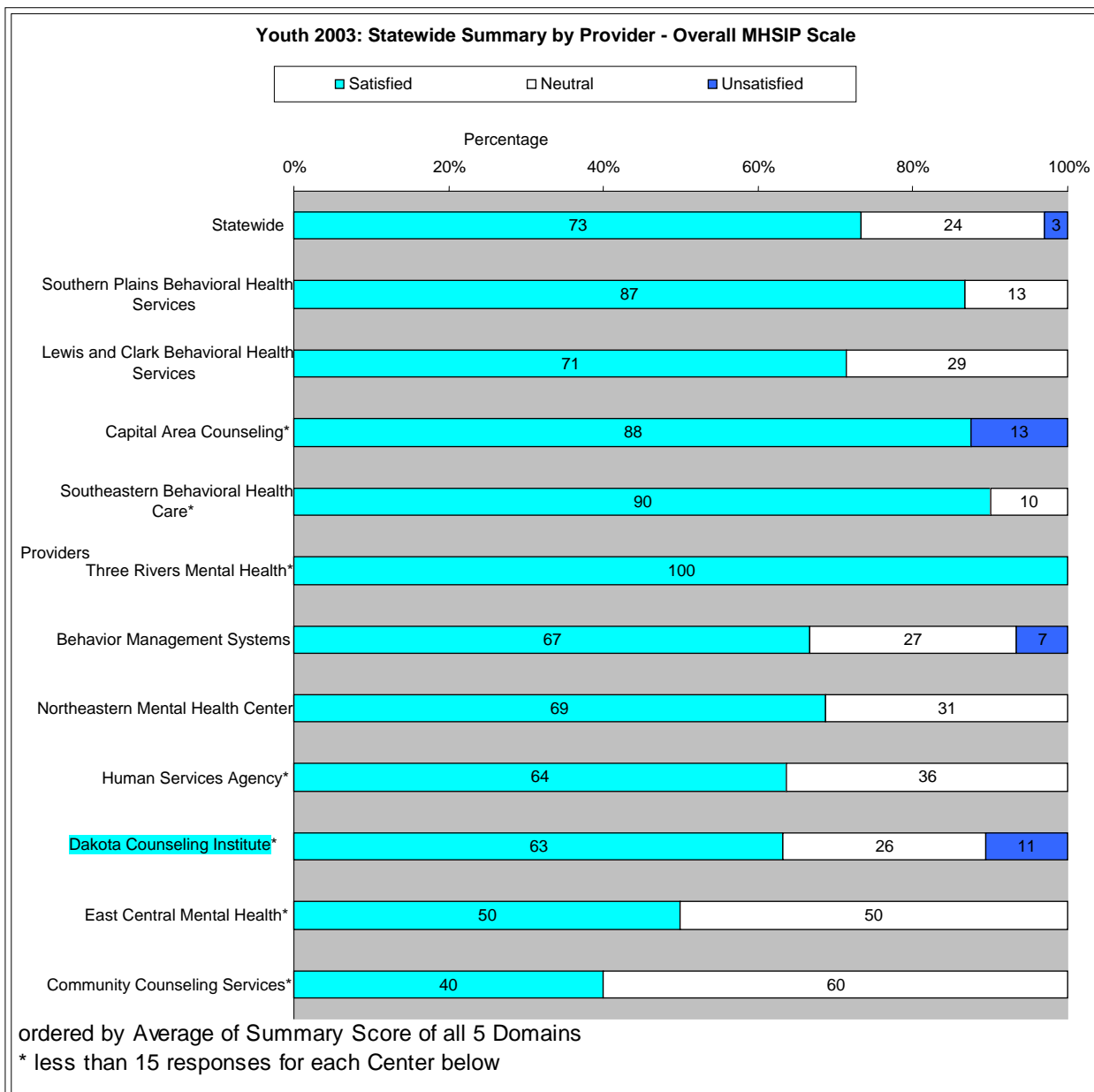
Note that in the graphs that follow, small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.

The 132 youth who completed Year 2003 surveys were served by 11 CMHC's. Six of the eleven CMHCs had fewer than fifteen respondents. Number of returns ranged from a high of twenty-one (Lewis and Clark Behavioral Health Services) to a low of two (East Central Mental Health).

The 205 parents and guardians who completed Year 2003 surveys were served by 11 CMHCs. Three of the eleven CMHCs had fewer than fifteen respondents. Number of returns ranged from a high of twenty-seven (Behavioral Management Systems) to a low of six (East Central Mental Health).

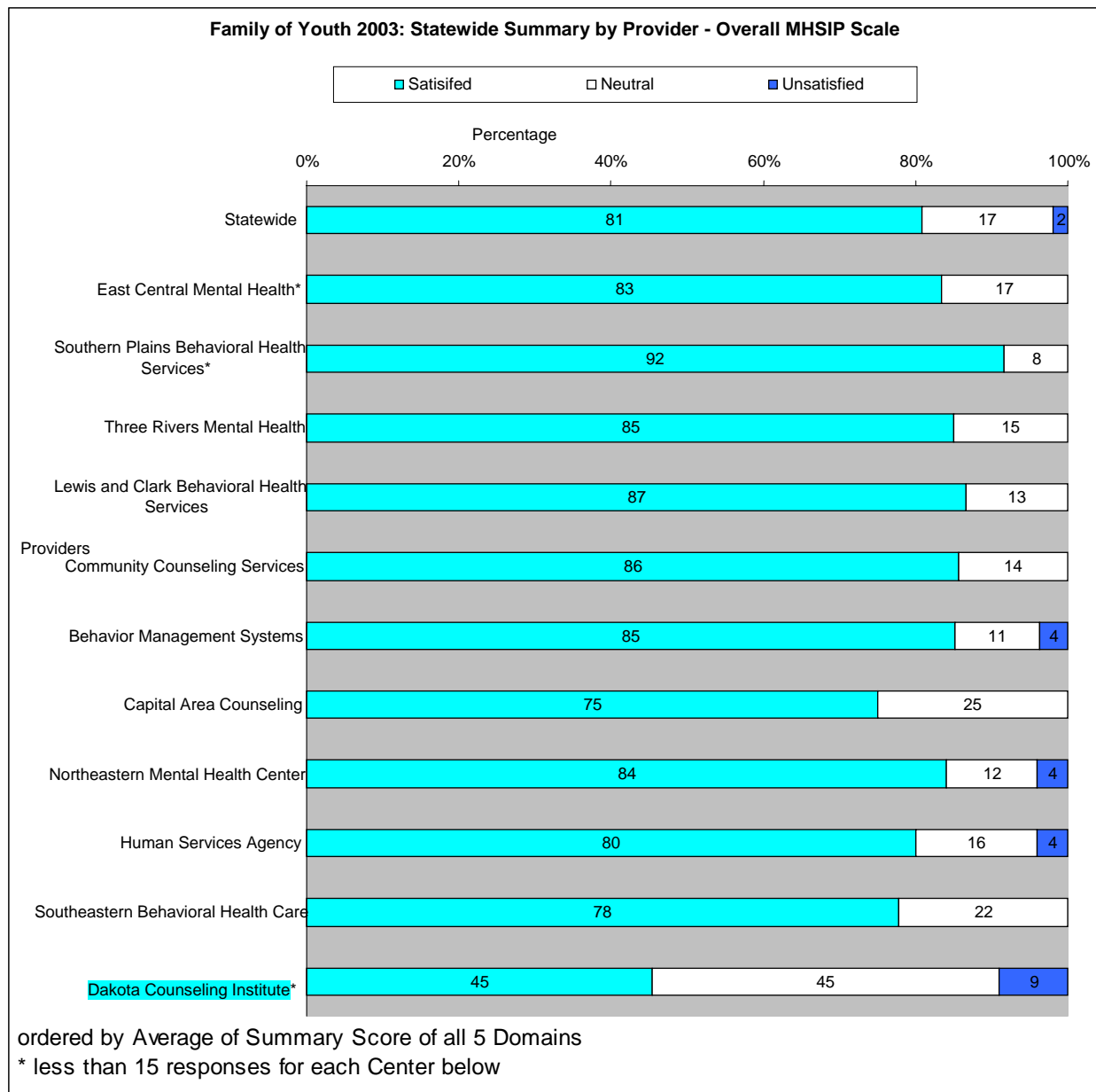
On the following pages are charts comparing CMHCs for the MSHIP overall as well as each of the five MHSIP domains.

In order to compare the CMHCs on each of the MHSIP domains and on the overall MHSIP summary score responses from all three surveys were combined because of the small numbers of respondents per Center.



Youth: For the overall MHSIP Summary score, statewide 73% of consumers were satisfied, a figure highly similar over the three years of the survey. The CMHC satisfaction rates ranged from a low of 40% to a high of 100%. Note also that the two CMHC's at the bottom and the last three of four at the bottom all have fewer than 15 responses. Two CMHCs have more than 10% of their respondents unsatisfied. The table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

Southern Plains Behav. Health Serv.	2.04 (15)	Northeastern Mental Health Center	2.28 (16)
Lewis and Clark Behav. Health Serv.	2.09 (21)	Human Service Agency	2.33 (11)
Capital Area Counseling	2.12 (8)	Dakota Counseling Institute	2.55 (19)
Southeastern Behavioral HealthCare	2.15 (10)	East Central Mental Health	2.64 (2)
Three Rivers Mental Health	2.21 (5)	Community Counseling Services	2.73 (5)
Behavior Management Systems	2.22 (15)	Statewide Average	2.25 (131)



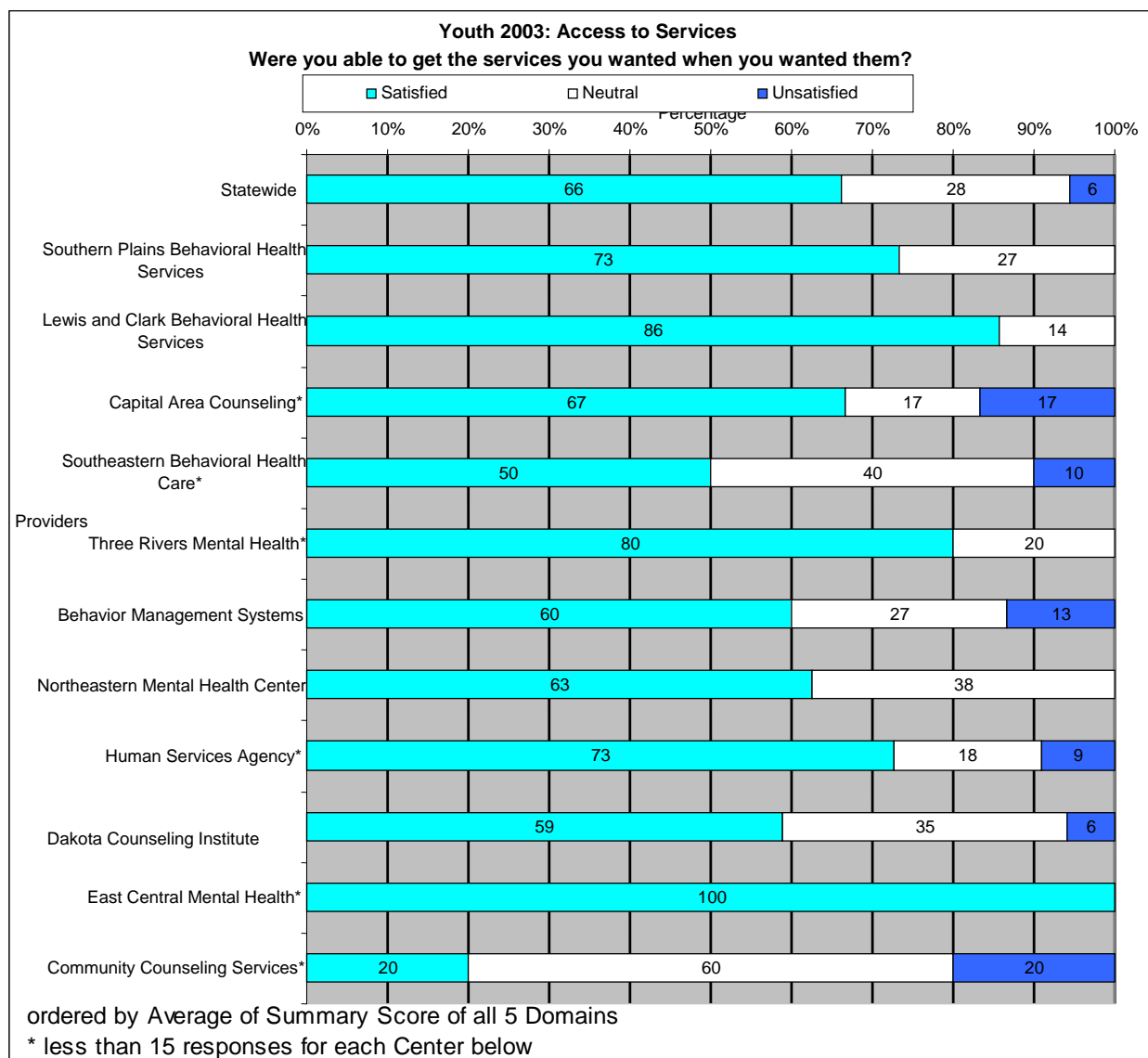
Family of Children and Youth: For the MHSIP overall, statewide 81% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from a low of 45% to a high of 92%. Furthermore there are **very few** ratings that were unsatisfied overall. Note also that the CMHC at the top and at the bottom each have fewer than 15 responses. The table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

East Central Mental Health	1.69 (6)	Capital Area Counseling	2.03 (20)
Southern Plains Behav. Health Serv.	1.82 (12)	Northeastern Mental Health Center	2.06 (25)
Three Rivers Mental Health	1.84 (20)	Human Service Agency	2.12 (25)
Lewis and Clark Behav. Health Serv.	2.00 (15)	Southeastern Behavioral HealthCare	2.12 (18)
Community Counseling Services	2.02 (21)	Dakota Counseling Institute	2.44 (11)
Behavior Management Systems	2.02 (27)	Statewide Average	2.03 (203)

Comparisons among the CMHCs were carried out for the overall MHSIP Summary score and both of the domain scores. This was done separately for Youth and for Families of Youth. For Youth analyses were done for this year's data as well as for all three years combined. It was also done using all the CMHCs and again only for those CMHCs with at least 15 respondents.

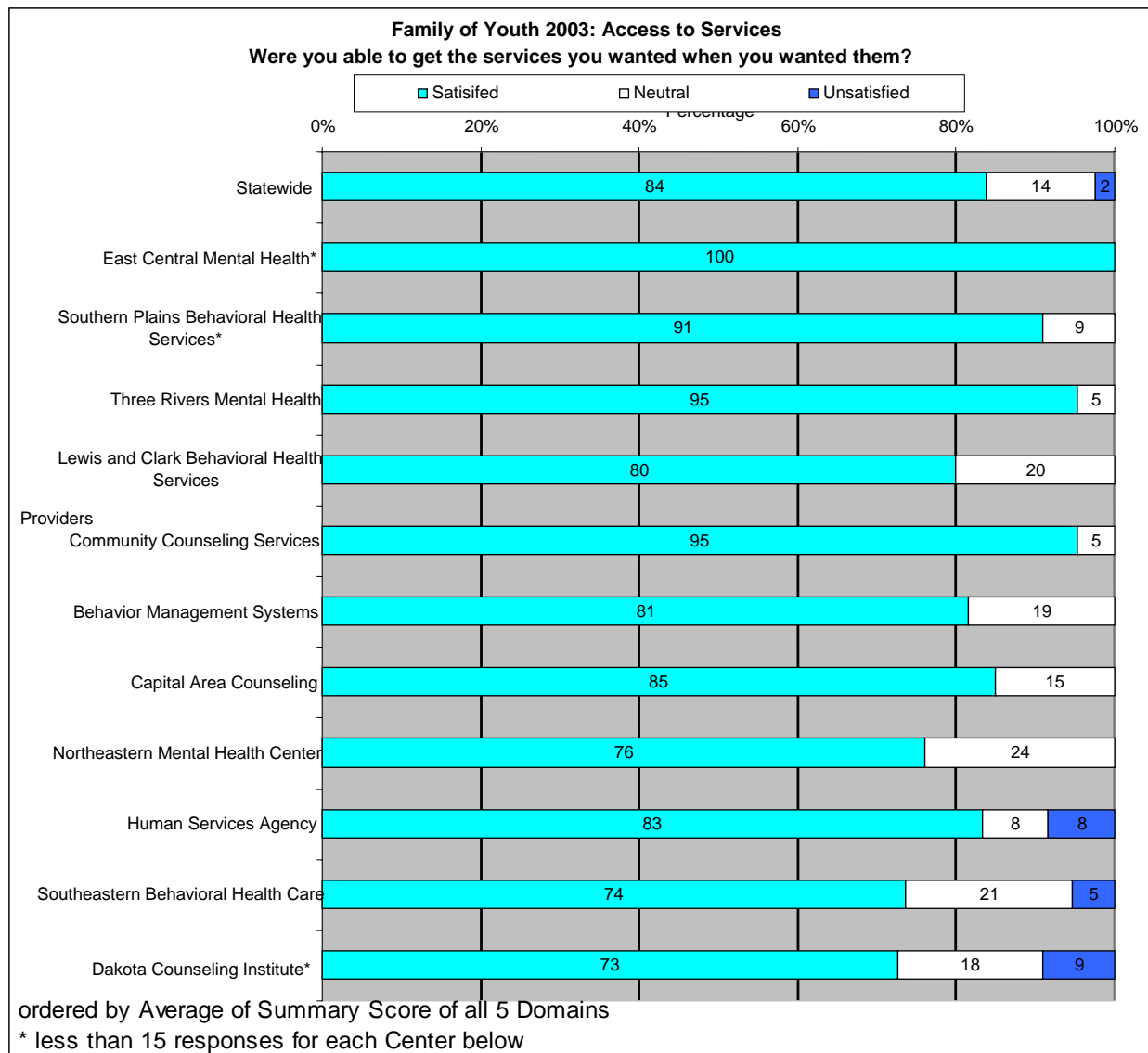
For **Youth** the MHSIP Summary score for the CMHCs that received the most and the least positive average ratings differed by seven-tenths of a scale point. While the difference between the extremes is substantial analyses showed that there was no evidence of statistically significant differences between CMHCs in these consumer assessments when the analysis was conducted with all CMHCs, either for this year or for all three years combined ($p > .30$ in both cases) or when conducted with a subset of CMHCs for this year only ($p > .15$ respectively). Given this result and given the relatively small number of respondents available for Year 2003 subsequent analyses will be done with all three years of data only.

For the MHSIP Summary score for **Family of Children and Youth** averaging scores on the MHSIP Overall the CMHCs that received the most and the least positive ratings differed by three-quarters of a scale point. Despite this extreme difference between there was little evidence of statistically significant differences between CMHCs in these consumer assessments ($p > .25$ when all CMHCs included; $p > .75$ with CMHCs restricted to those with 15 respondents or more). Given that some CMHCs had as few as 6 respondents all subsequent analyses will be restricted to the eight of the eleven CMHCs with 15 or more respondents.



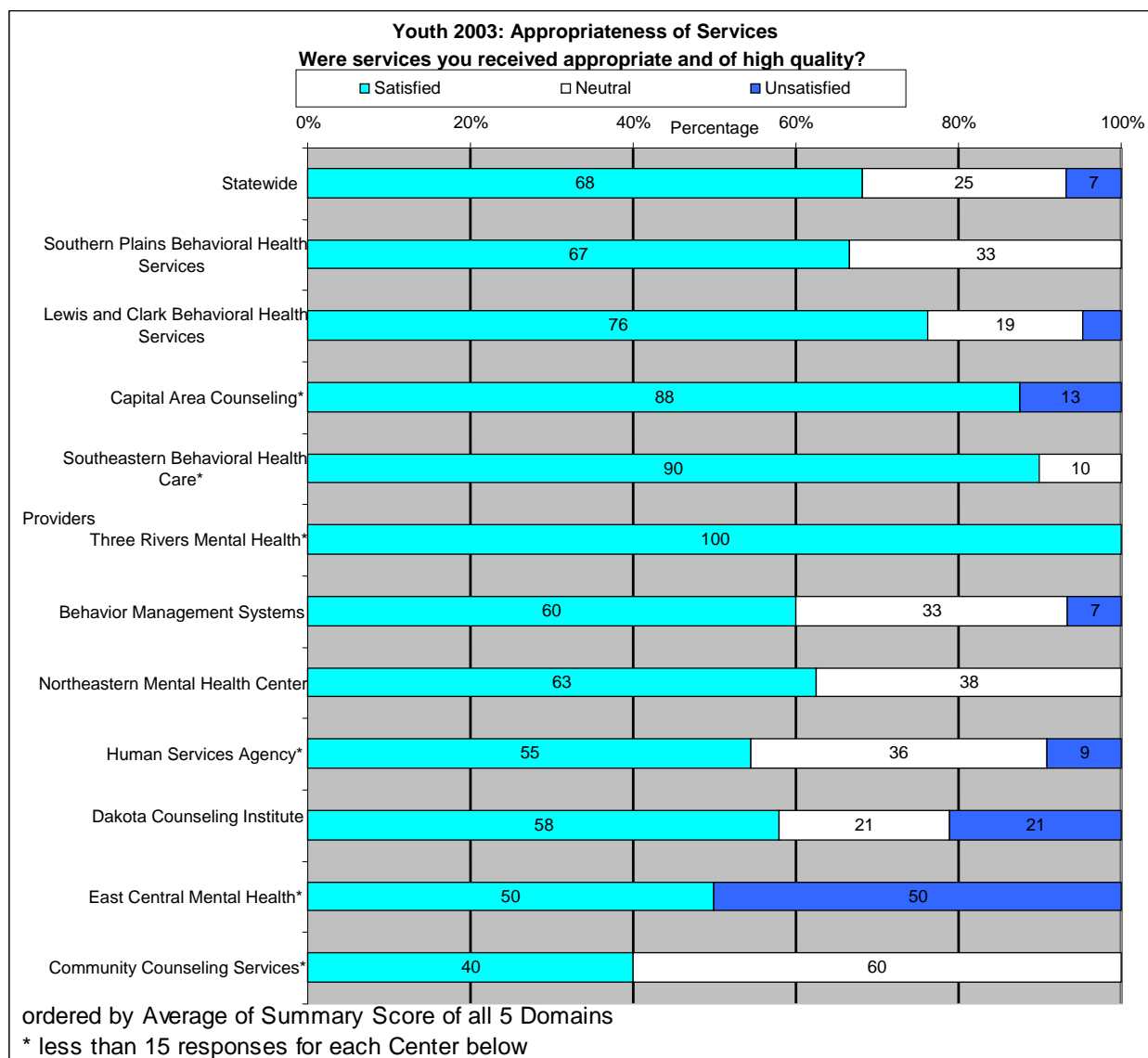
Youth: For the MHSIP domain of Access, statewide 66% of consumers were satisfied. The CMHC satisfaction rates ranged from 20% to 86%. 10% or more of the respondents in four CMHCs were unsatisfied. Note also that the CMHCs with the two highest and the two lowest percentages had fewer than 15 responses. Using the entire three years of data the differences among CMHCs for all three years were not statistically significant ($p > .05$).

Southern Plains Behav. Health Serv.	1.83 (15)	Northeastern Mental Health Center	2.18 (16)
Lewis and Clark Behav. Health Serv.	1.83 (21)	Human Service Agency	2.18 (11)
Capital Area Counseling	2.25 (6)	Dakota Counseling Institute	2.17 (17)
Southeastern Behavioral HealthCare	2.45 (10)	East Central Mental Health	2.00 (2)
Three Rivers Mental Health	1.80 (5)	Community Counseling Services	2.90 (5)
Behavior Management Systems	2.33 (15)	Statewide Average	2.12(127)



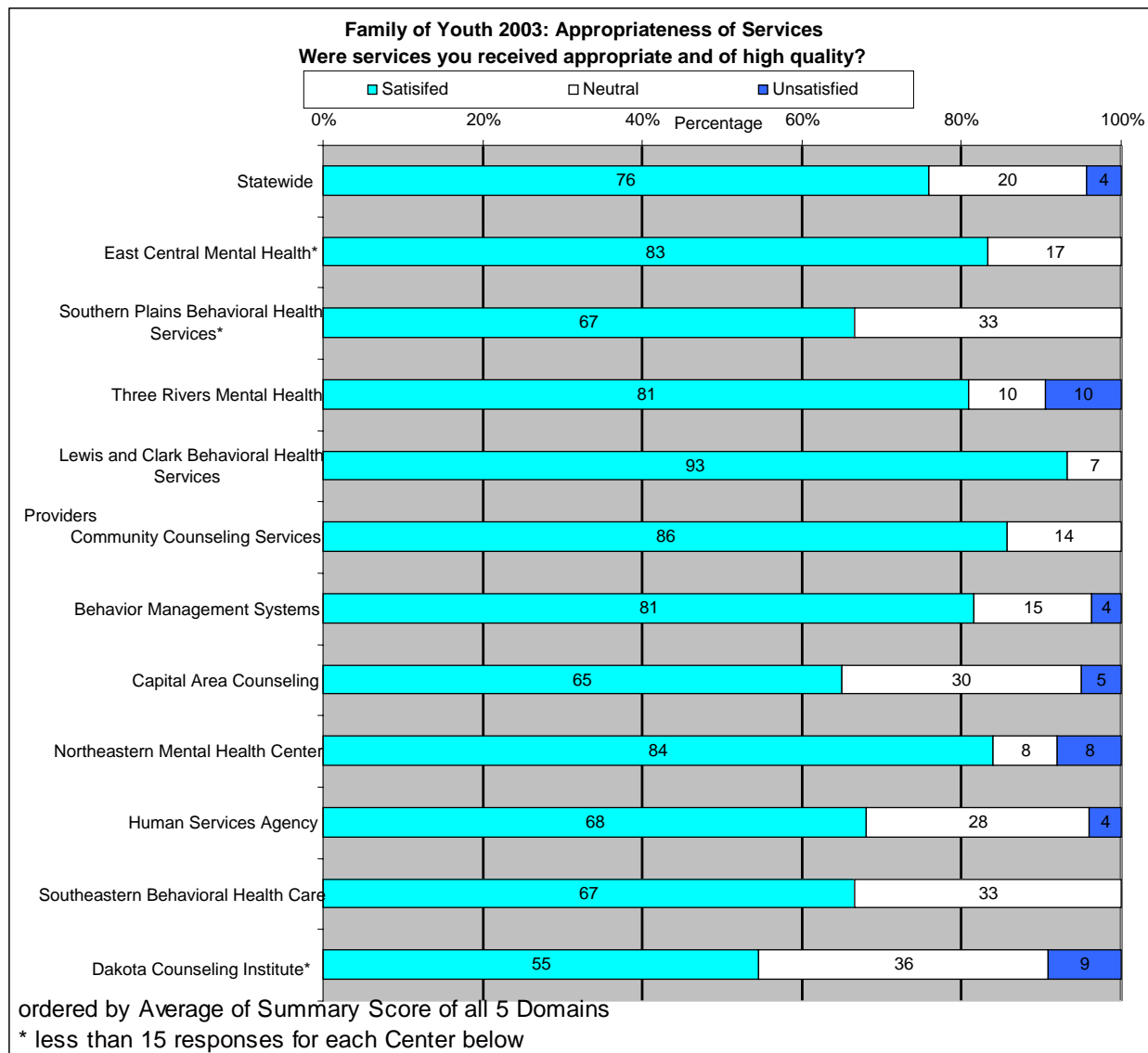
For the MHSIP domain of Access, statewide 84% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from 73% to 100%. Note also that the two CMHC with the highest percentage and the CMHC with the lowest percentage had fewer than 15 responses. Differences among CMHCs above on their average score on this domain were not statistically significant ($p > .05$).

East Central Mental Health	1.42 (6)	Capital Area Counseling	1.75 (20)
Southern Plains Behav. Health Serv.	1.41 (11)	Northeastern Mental Health Center	2.04 (25)
Three Rivers Mental Health	1.43 (21)	Human Service Agency	1.88 (24)
Lewis and Clark Behav. Health Serv.	1.80 (15)	Southeastern Behavioral HealthCare	2.05 (19)
Community Counseling Services	1.69 (21)	Dakota Counseling Institute	2.14 (11)
Behavior Management Systems	1.69 (27)	Statewide Average	1.79 (203)



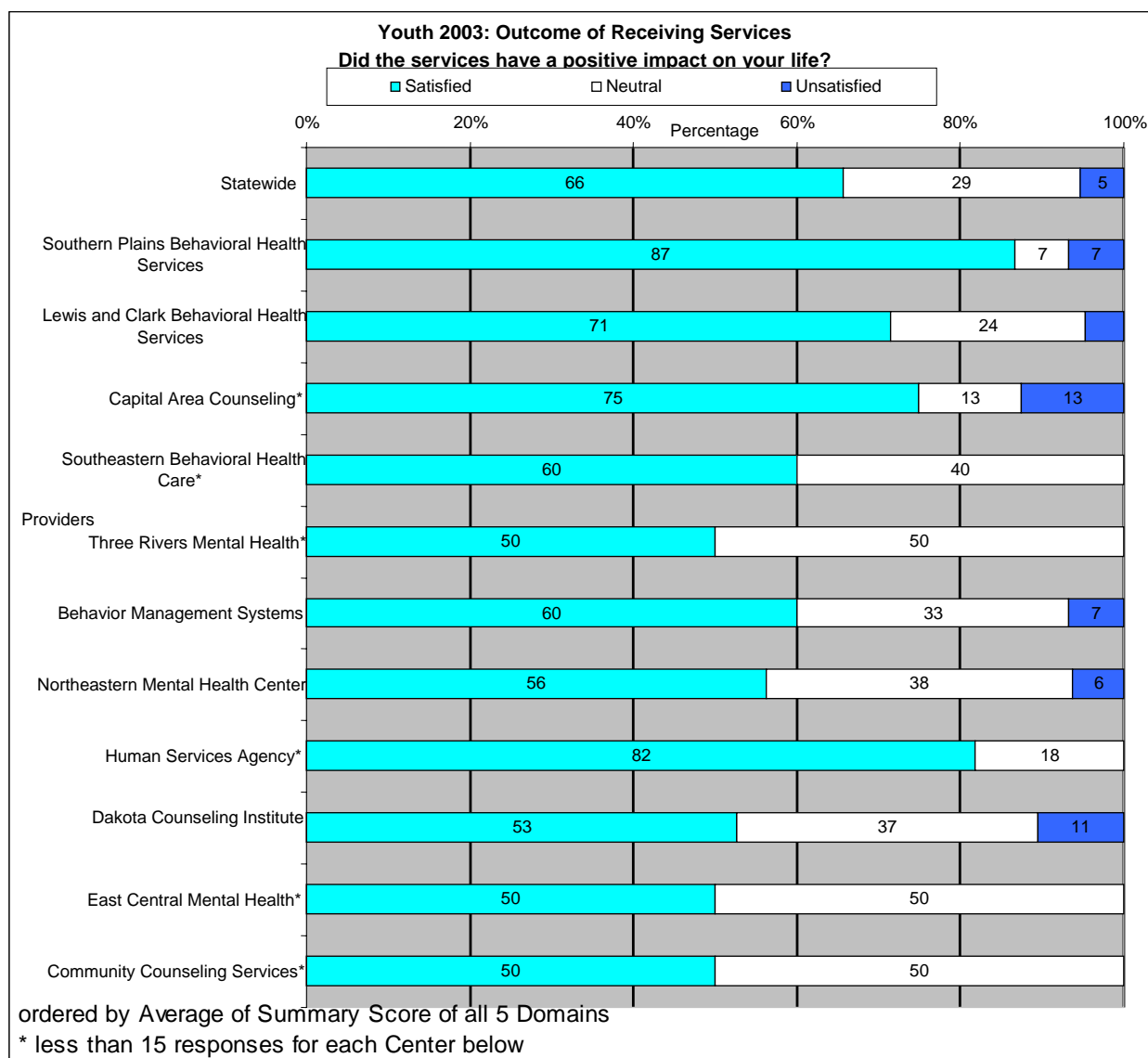
For the MHSIP domain of Appropriateness, statewide 68% of consumers were satisfied. The CMHC satisfaction rates ranged from 40% to 100%. Three CMHCs had 10% of more of respondents who were unsatisfied. Note also that the CMHCs with the two lowest percentages had fewer than 15 responses. Using the entire three years of data the differences among CMHCs above were not statistically significant ($p > .10$).

Southern Plains Behav. Health Serv.	2.03 (15)	Northeastern Mental Health Center	2.30 (16)
Lewis and Clark Behav. Health Serv.	2.15 (21)	Human Service Agency	2.37 (11)
Capital Area Counseling	2.06 (8)	Dakota Counseling Institute	2.70 (19)
Southeastern Behavioral HealthCare	1.94 (10)	East Central Mental Health	3.33 (2)
Three Rivers Mental Health	1.92 (6)	Community Counseling Services	2.60 (5)
Behavior Management Systems	2.29 (15)	Statewide Average	2.26 (131)



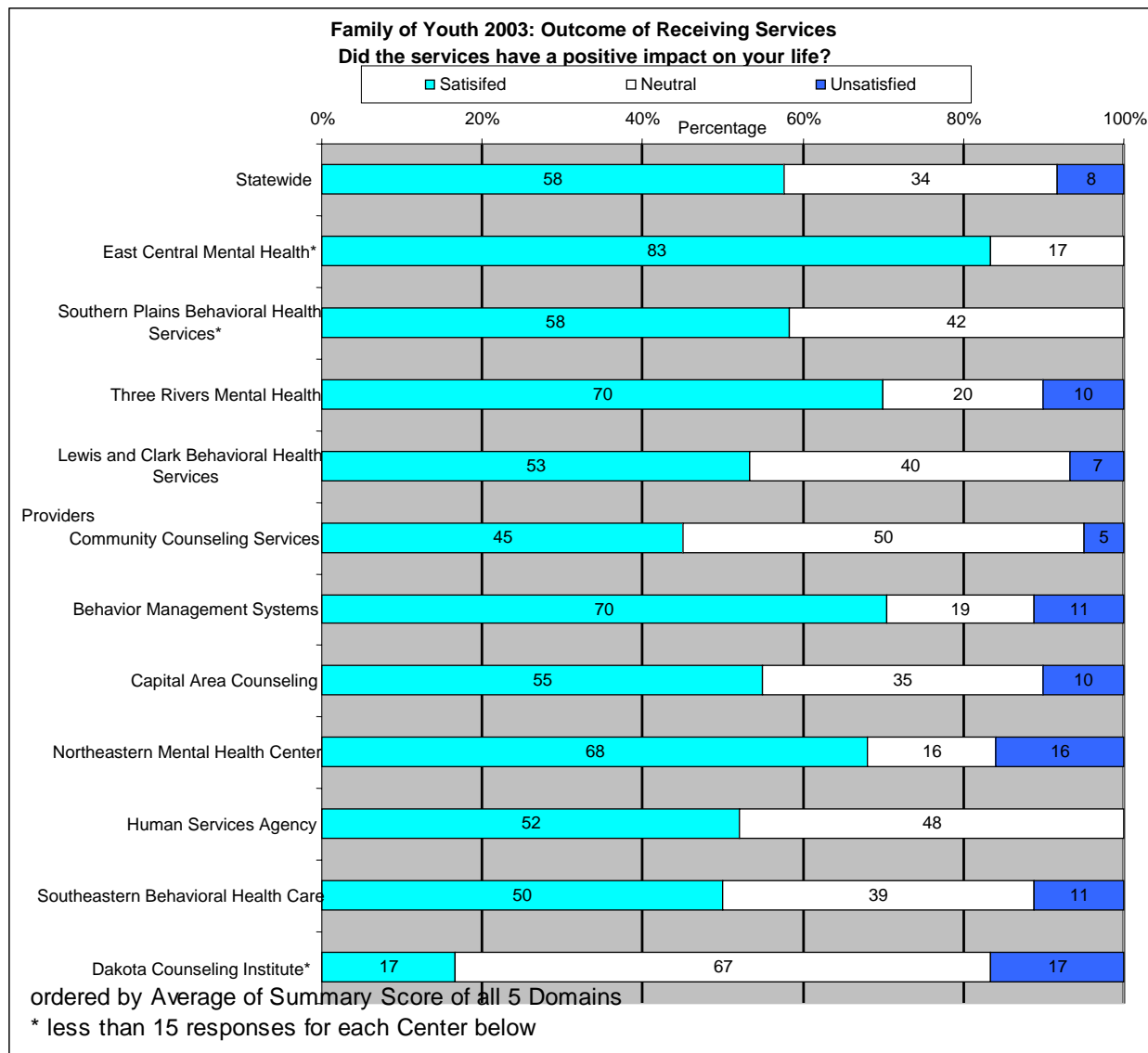
For the MHSIP domain of Appropriateness, statewide 76% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from 55% to 93%. Note also that the two CMHCs with the highest percentage and the CMHC with the lowest percentage had fewer than 15 responses. Differences among CMHCs above on their average score on this domain were not statistically significant ($p>.75$).

East Central Mental Health	1.64 (6)	Capital Area Counseling	2.02 (20)
Southern Plains Behav. Health Serv.	1.83 (12)	Northeastern Mental Health Center	2.07 (25)
Three Rivers Mental Health	1.89 (21)	Human Service Agency	2.08 (25)
Lewis and Clark Behav. Health Serv.	1.77 (15)	Southeastern Behavioral HealthCare	2.09 (18)
Community Counseling Services	1.86 (21)	Dakota Counseling Institute	2.33 (11)
Behavior Management Systems	1.93 (27)	Statewide Average	1.99 (203)



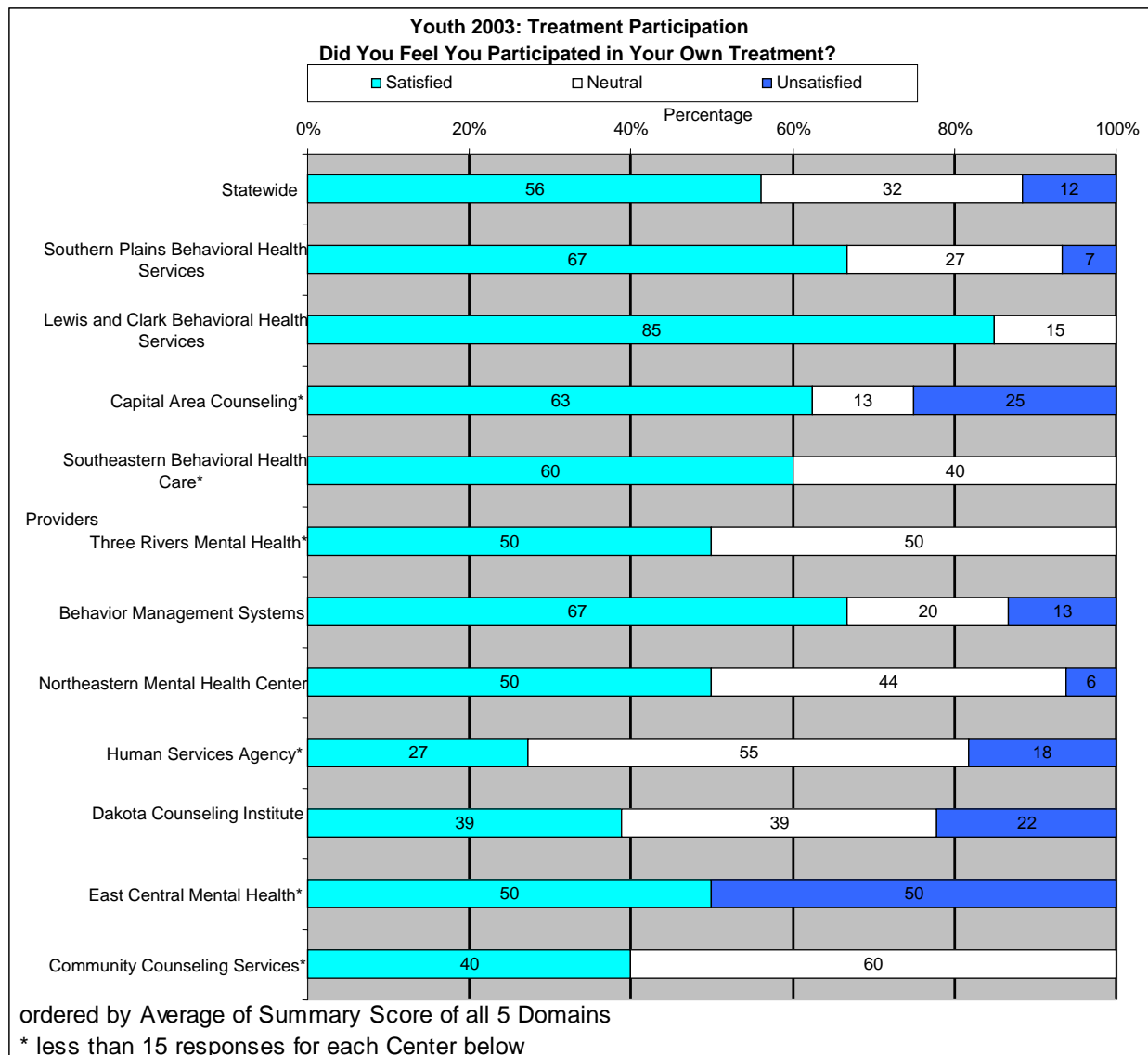
For the MHSIP domain of Outcomes, statewide 66% of consumers were satisfied. The CMHC satisfaction rates ranged from 50% to 87%. Two CMHCs had 10% or more of their respondents unsatisfied. Note also that the CMHCs with the two lowest percentages had fewer than 15 responses. Using the entire three years of data the differences among CMHCs above were not statistically significant ($p > .50$).

Southern Plains Behav. Health Serv.	2.15 (15)	Northeastern Mental Health Center	2.40 (16)
Lewis and Clark Behav. Health Serv.	2.33 (21)	Human Service Agency	2.28 (11)
Capital Area Counseling	2.31 (8)	Dakota Counseling Institute	2.39 (19)
Southeastern Behavioral HealthCare	2.31 (10)	East Central Mental Health	2.25 (2)
Three Rivers Mental Health	2.64 (6)	Community Counseling Services	2.62 (4)
Behavior Management Systems	2.32 (15)	Statewide Average	2.33 (131)



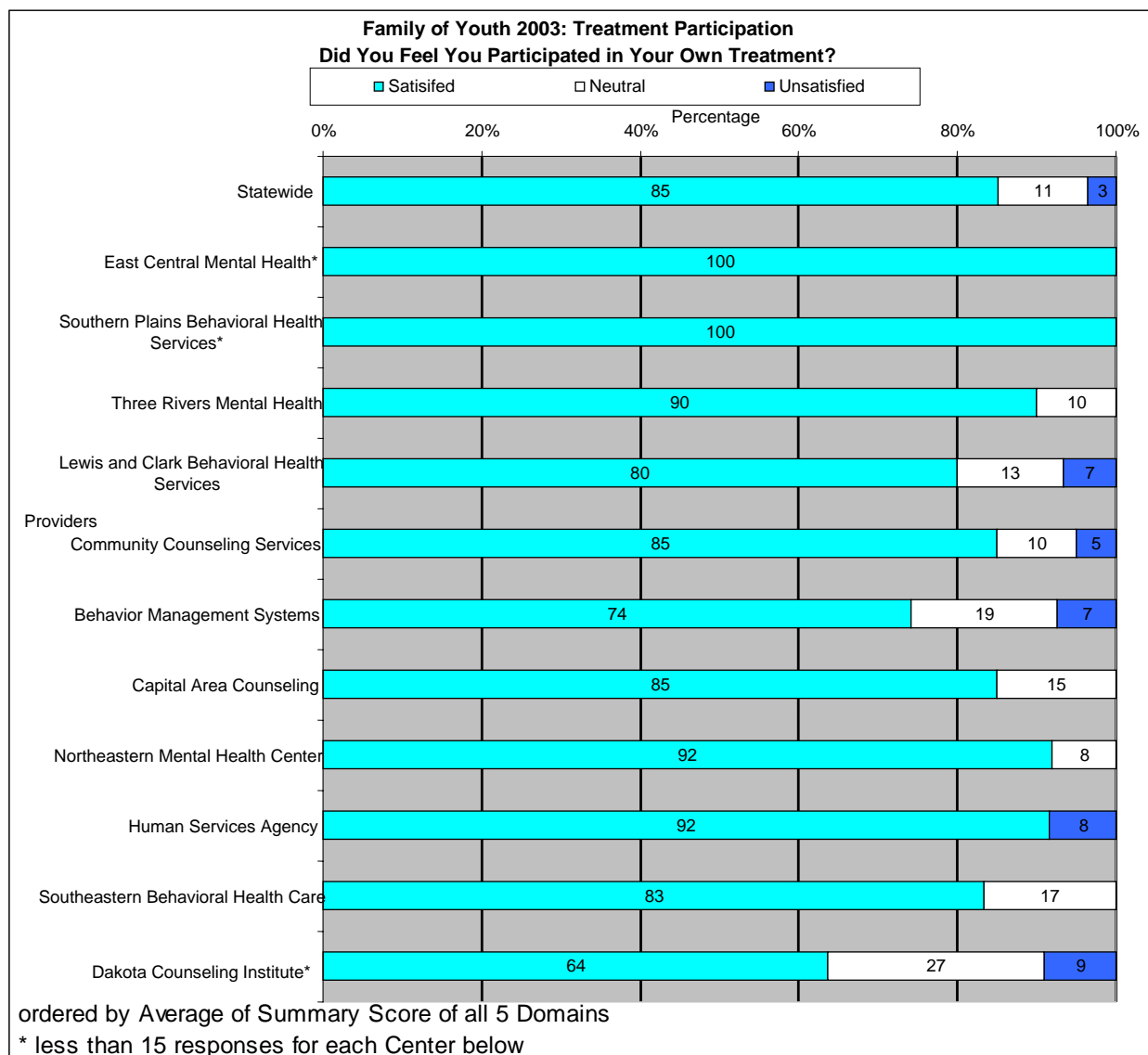
For the MHSIP domain of Outcomes, statewide 58% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from 17% to 70%. Six CMHCs had 10% of more of their respondents unsatisfied. Note also that the two CMHCs with the highest percentage and the CMHC with the lowest percentage had fewer than 15 responses. Differences among CMHCs above on their average score on this domain were not statistically significant ($p>.75$).

East Central Mental Health	2.19 (6)	Capital Area Counseling	2.53 (20)
Southern Plains Behav. Health Serv.	2.31 (12)	Northeastern Mental Health Center	2.28 (25)
Three Rivers Mental Health	2.31 (20)	Human Service Agency	2.49 (25)
Lewis and Clark Behav. Health Serv.	2.42 (15)	Southeastern Behavioral HealthCare	2.59 (18)
Community Counseling Services	2.48 (20)	Dakota Counseling Institute	2.98 (10)
Behavior Management Systems	2.35 (27)	Statewide Average	2.43 (201)



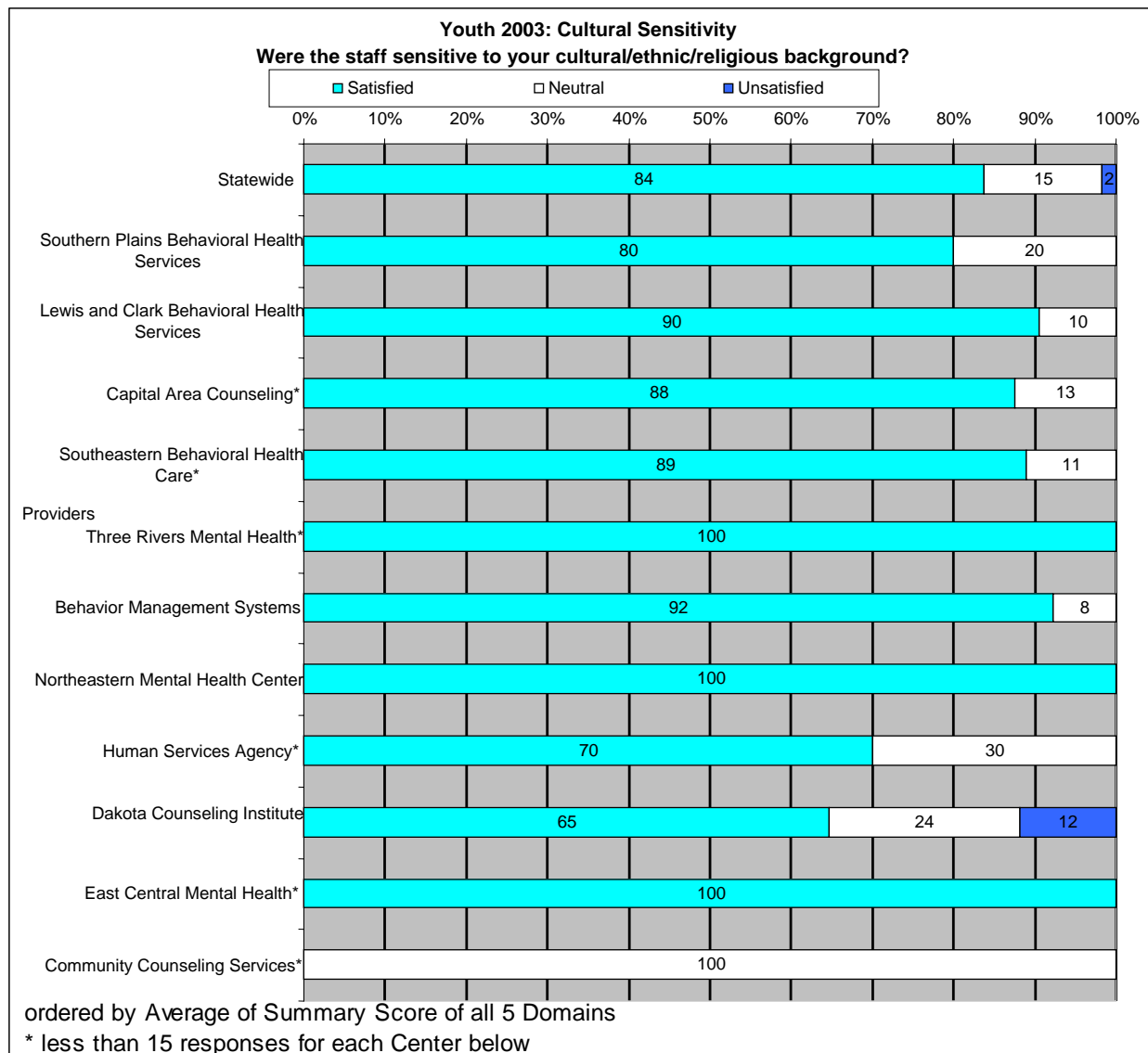
For the MHSIP domain of Treatment Participation, statewide 56% of consumers were satisfied with services. The CMHC satisfaction rates ranged from 27% to 67%. Six CMHCs had 10% of more of their respondents unsatisfied. Note also that the CMHCs with the lowest percentage had fewer than 15 responses. Using the entire three years of data the differences among CMHCs above were not statistically significant ($p > .20$).

Southern Plains Behav. Health Serv.	2.24 (15)	Northeastern Mental Health Center	2.52 (16)
Lewis and Clark Behav. Health Serv.	2.01 (20)	Human Service Agency	2.69 (11)
Capital Area Counseling	2.29 (8)	Dakota Counseling Institute	2.95 (18)
Southeastern Behavioral HealthCare	2.39 (10)	East Central Mental Health	3.00 (2)
Three Rivers Mental Health	2.33 (6)	Community Counseling Services	2.73 (5)
Behavior Management Systems	2.45 (15)	Statewide Average	2.48 (130)



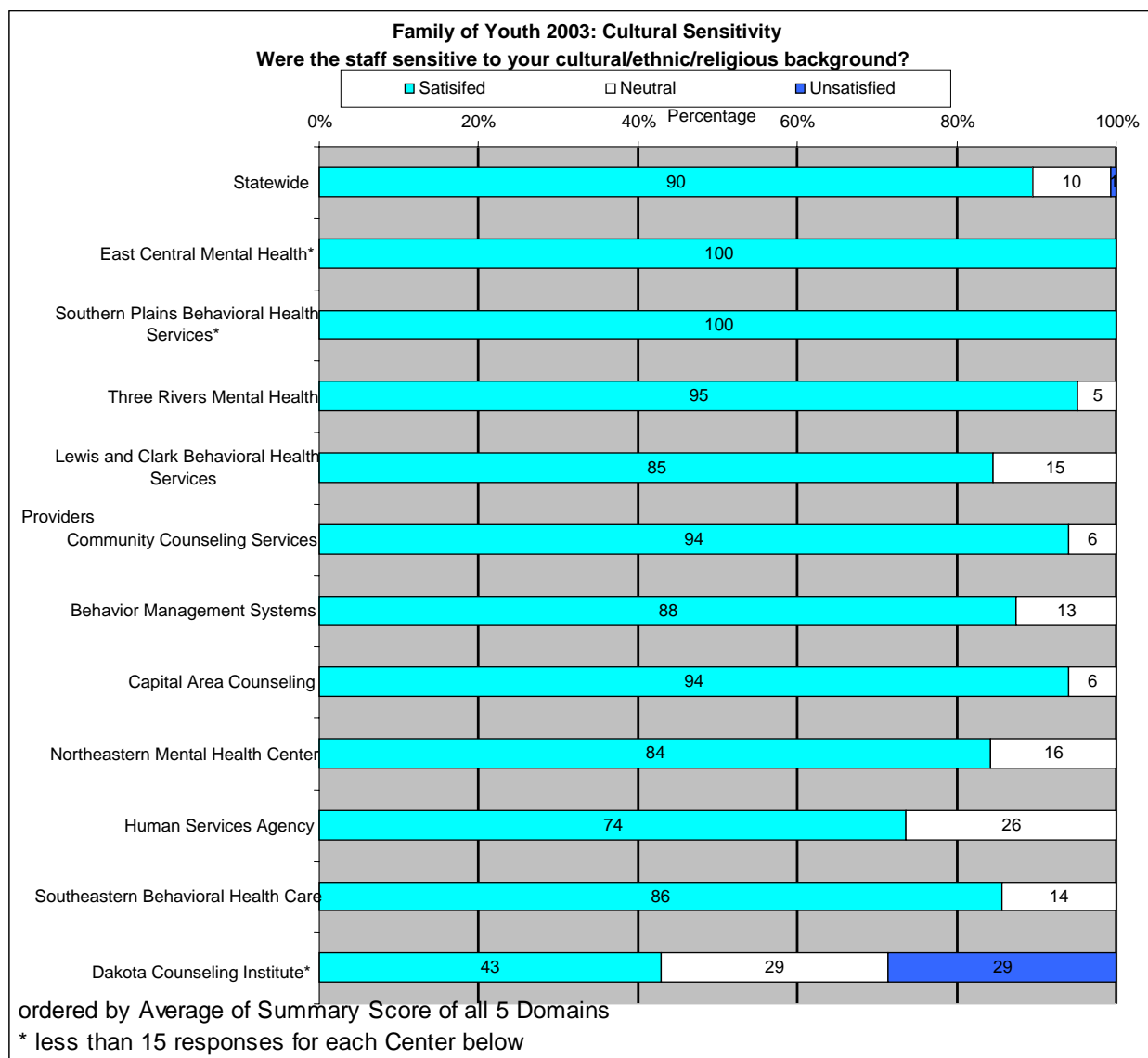
For the MHSIP domain of Treatment Participation, statewide 85% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from 64% to 100%. None of the CMHCs had more than 10% of their respondents unsatisfied. Note also that the CMHCs with the two highest and with the lowest percentage had fewer than 15 responses. Differences among CMHCs above on their average score on this domain were not statistically significant ($p > .20$).

East Central Mental Health	1.33 (6)	Capital Area Counseling	1.87 (20)
Southern Plains Behav. Health Serv.	1.67 (12)	Northeastern Mental Health Center	1.91 (25)
Three Rivers Mental Health	1.65 (20)	Human Service Agency	1.96 (24)
Lewis and Clark Behav. Health Serv.	1.96 (15)	Southeastern Behavioral HealthCare	1.91 (18)
Community Counseling Services	2.00 (20)	Dakota Counseling Institute	2.24 (11)
Behavior Management Systems	2.02 (27)	Statewide Average	1.90 (201)



For the MHSIP domain of Cultural Sensitivity, statewide 84% of consumers were satisfied. The CMHC satisfaction rates ranged from 0% to 100%. One CMHC had 10% of more of their respondents unsatisfied. Note also that the two CMHCs with the lowest percentage had fewer than 15 responses. Using the entire three years of data the differences among CMHCs above were not statistically significant ($p > .20$).

Southern Plains Behav. Health Serv.	1.85 (15)	Northeastern Mental Health Center	1.87 (14)
Lewis and Clark Behav. Health Serv.	1.80 (21)	Human Service Agency	2.15 (10)
Capital Area Counseling	1.72 (8)	Dakota Counseling Institute	2.31 (17)
Southeastern Behavioral HealthCare	1.85 (9)	East Central Mental Health	2.16 (2)
Three Rivers Mental Health	1.87 (4)	Community Counseling Services	2.72 (3)
Behavior Management Systems	1.67 (13)	Statewide Average	1.93 (119)

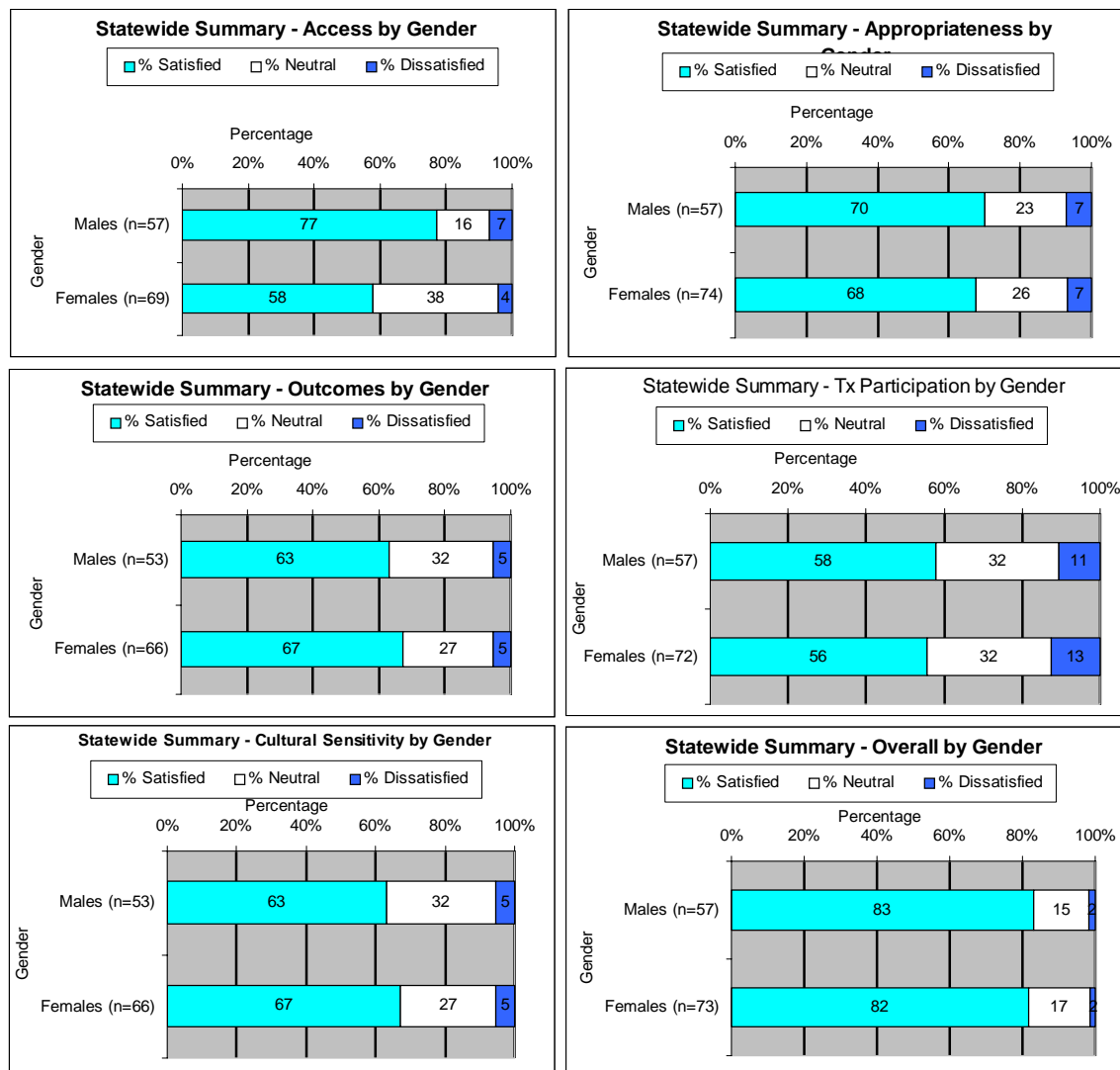


For the MHSIP domain of Cultural Sensitivity, statewide 90% of “family” members of consumers were satisfied. The CMHC satisfaction rates ranged from 43% to 100%. One CMHC had 10% of more of their respondents unsatisfied. Note also that the CMHCs with the two highest and with the lowest percentage had fewer than 15 responses. Differences among CMHCs above on their average score on this domain were not statistically significant ($p > .75$).

East Central Mental Health	1.30 (5)	Capital Area Counseling	1.5 (17)
Southern Plains Behav. Health Serv.	1.23 (10)	Northeastern Mental Health Center	1.94 (19)
Three Rivers Mental Health	1.49 (21)	Human Service Agency	1.86 (19)
Lewis and Clark Behav. Health Serv.	1.76 (13)	Southeastern Behavioral HealthCare	1.75 (14)
Community Counseling Services	1.78 (17)	Dakota Counseling Institute	2.60 (7)
Behavior Management Systems	1.80 (24)	Statewide Average	1.74 (168)

Evaluation of Services by Gender

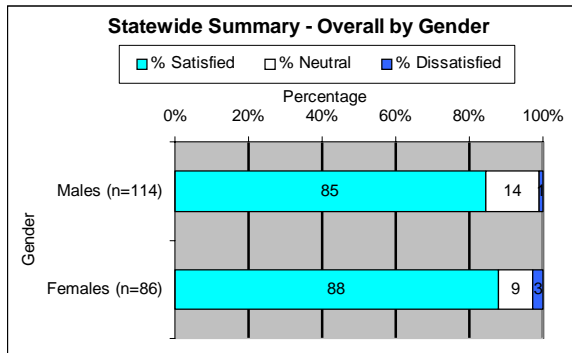
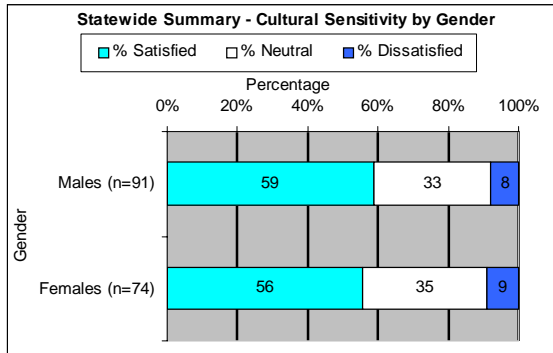
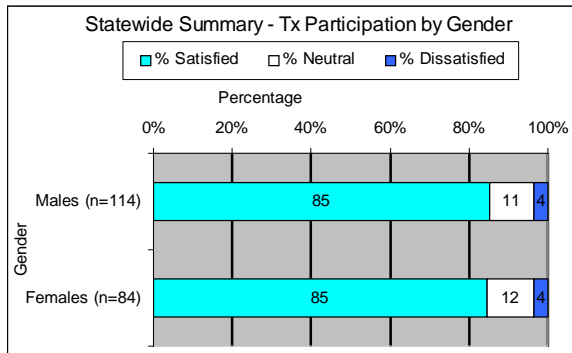
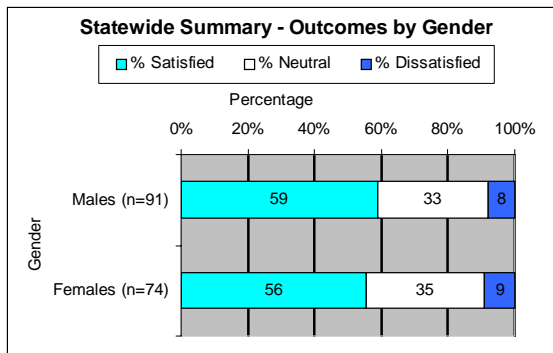
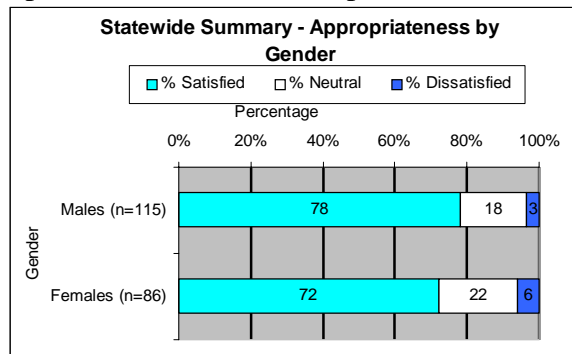
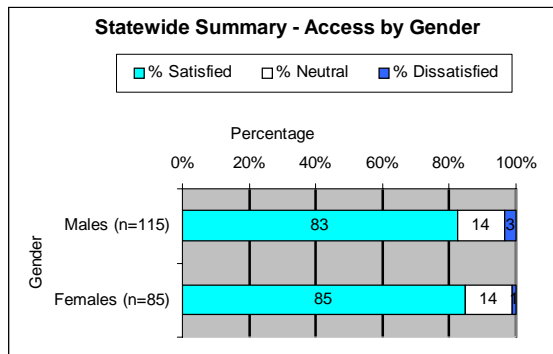
Youth: As already reported 42% of the youth were male and 58% were female. The percentage differences shown below for Year 2003 are not statistically reliable. That is, youth do not differ in their ratings of services provided as a function of gender ($p > .20$ for all variables).



Findings from Year 2001 of the survey indicated that males compared to females respond significantly more positively for the MHSIP domains of Outcomes and Treatment Participation. This finding has not been repeated either last year or this year, however. As can be seen above for Year 2003 there is no indication of any difference on this or any other domain except perhaps for Access. The difference in the domain of Access, however, was not even close to statistical significance ($p > .30$).

Family of Children and Youth: As already reported 43% of this sample were female and 57% were male. The percentage differences shown below for Year 2003 are not statistically reliable. That is, youth do not differ in their ratings of services provided as a function of gender ($p>.20$ for all variables).

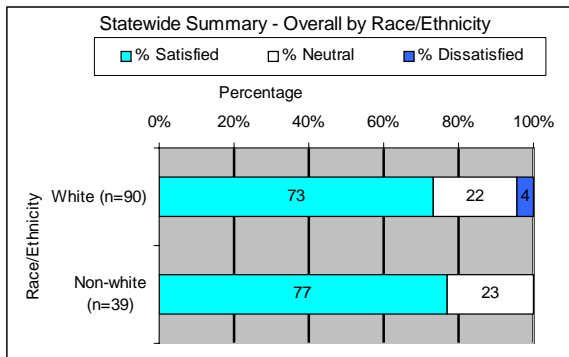
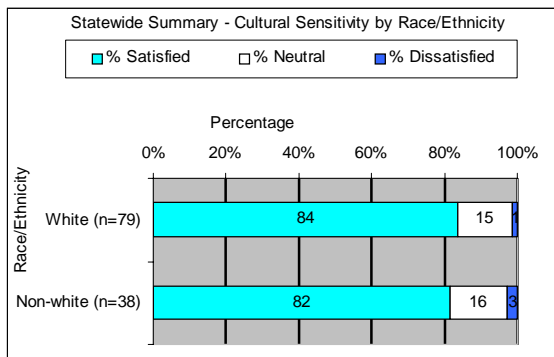
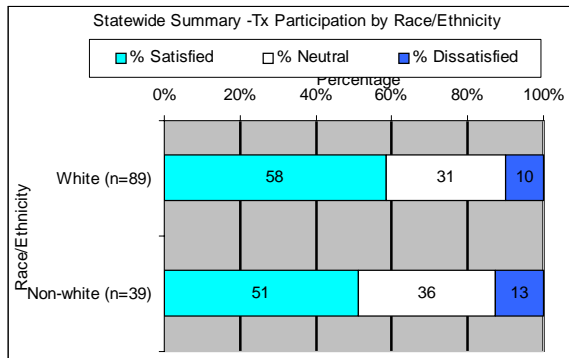
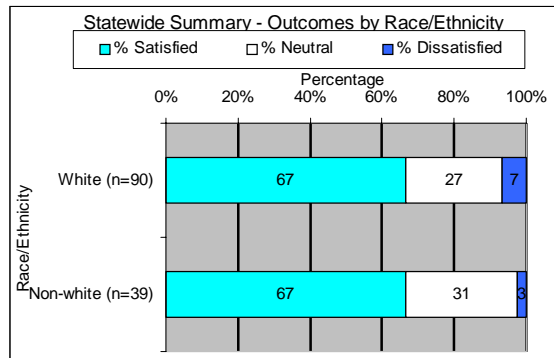
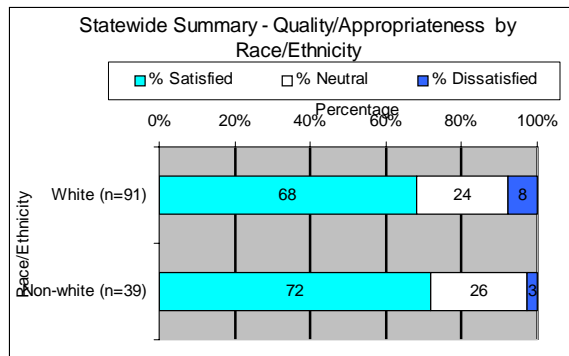
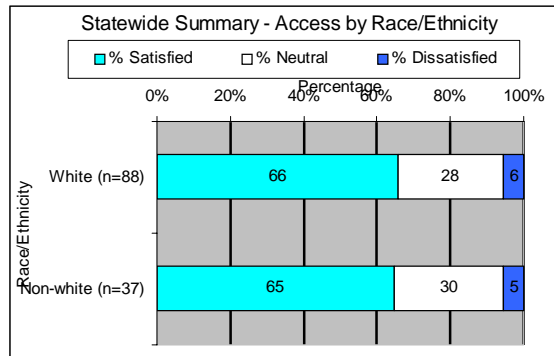
These results are consistent with the results reported for the Youth sample as well.



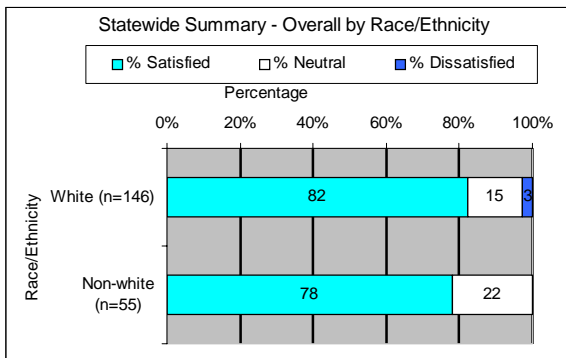
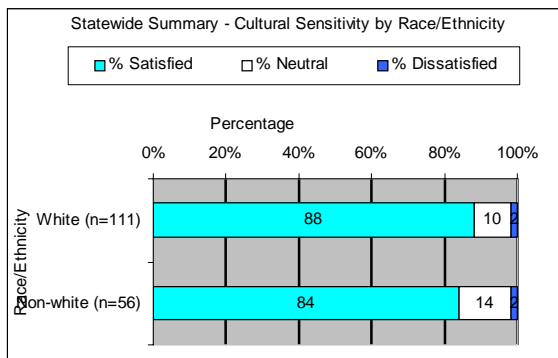
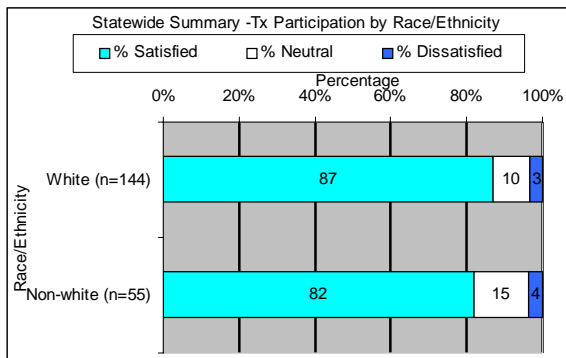
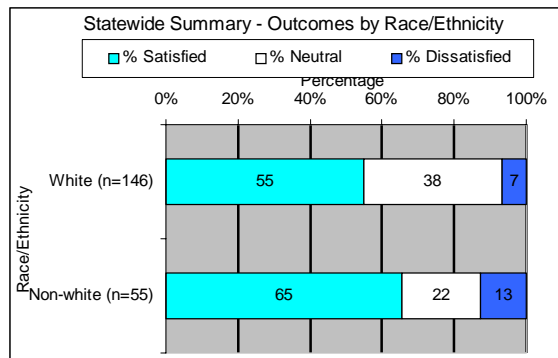
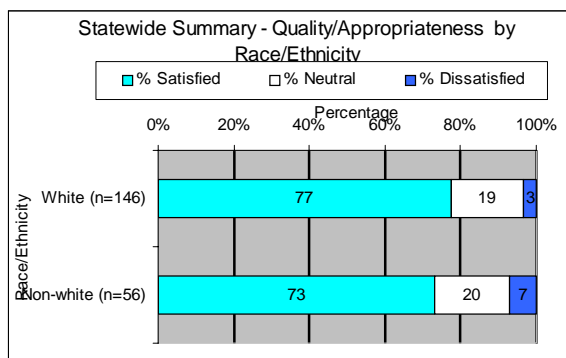
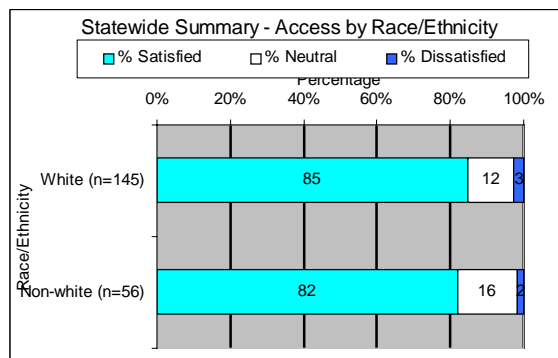
Evaluation of Services by Race/Ethnicity

Youth: For the purpose of this analysis youth were divided in those who are White-non-Hispanic as compared to non-White. Seventy-one percent (71%) of the youth were white, non-Hispanic and 29% were non-white. The race/ethnicity of four children or youth was not indicated on the survey and were left out of the following tables. The percentage differences for Year 2003 shown below are not statistically reliable ($p>.30$ for all variables). That is, youth do not rate any differently the services provided as a function of race/ethnicity.

When the surveys from Years 2001 and 2002 are combined with the current surveys, none of the differences are statistically significant either ($p>15$ or beyond in all cases). Thus there is little evidence that youths differ in their satisfaction with services as a function of race/ethnicity. This speaks well to the cultural competence of CMHC workers.

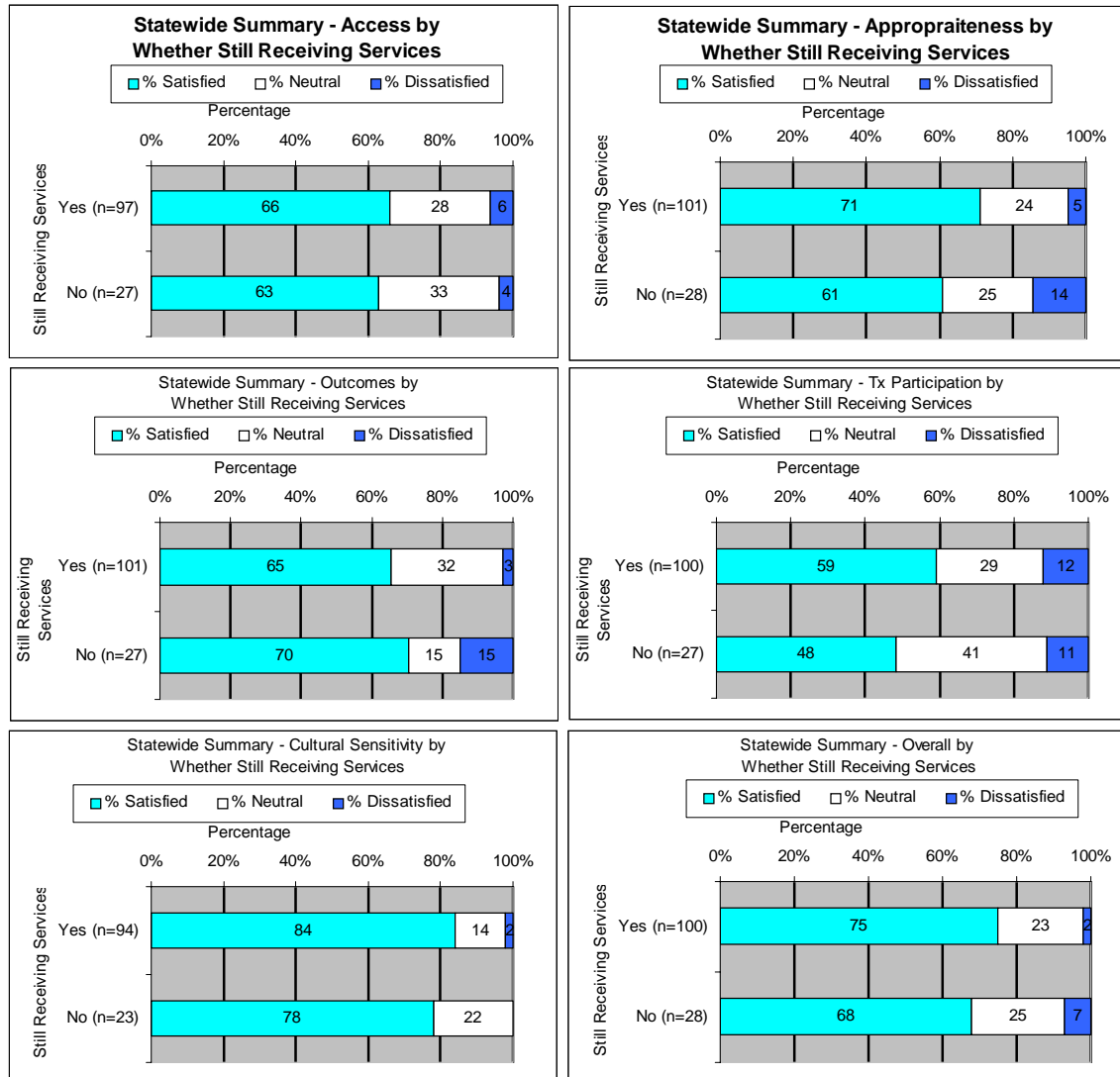


Family of Children and Youth: For the purpose of this analysis children and youth were divided in those who were White-non-Hispanic as compared to non-White. Seventy-one percent (74%) of these children and youth were white, non-Hispanic and 26% were non-white. The race/ethnicity of eight children or youth was not indicated on the survey of eight respondents and they were left out of the following tables. The percentage differences for Year 2003 shown below are not statistically reliable ($p > .35$ for all domains and for MHSIP overall). Thus, Family of Youth respondents do not rate any differently the services provided as a function of race/ethnicity. This result corresponds to that found for the Youth sample.



Evaluation of Services by Whether Still Receiving Services from CMHC

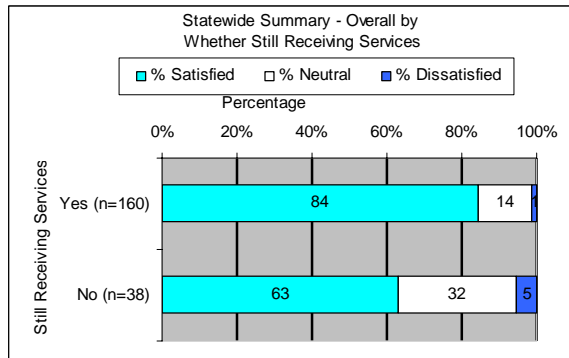
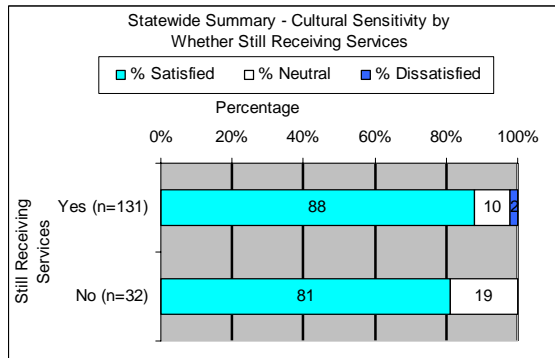
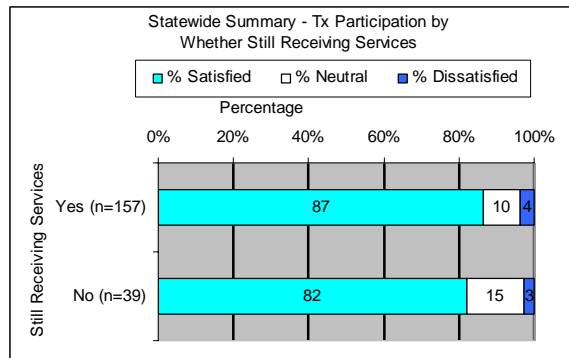
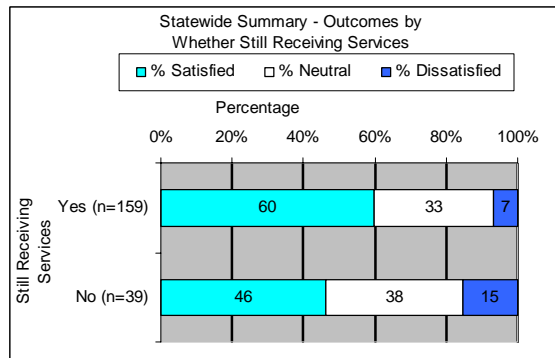
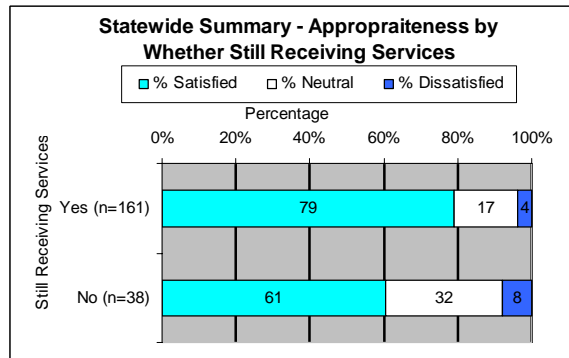
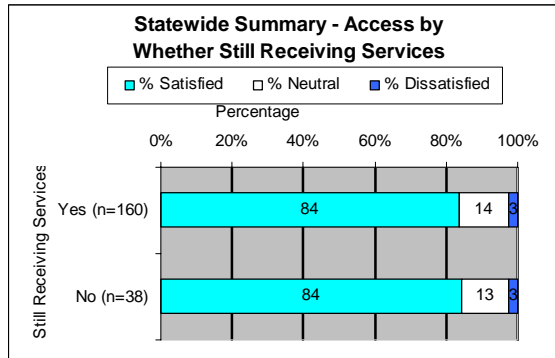
Youth: One hundred one youth (78%) reported that they were still receiving services from the CMHC with the remainder (22%) reported that they no longer receiving services. Two youth did not answer the question, and was not included in this analysis. The percentage differences shown below are not statistically reliable ($p > .05$ or beyond in all cases).



When the surveys from Years 2001 and 2002 are combined with the current surveys, however, there are significant differences for two domains and with the MHSIP Overall. With regard to quality/appropriateness of services those who are still receiving services are significantly more positive than those who are not (means of 2.16 vs. 2.50 respectively; $p = .001$). With regard to cultural sensitivity those youth still receiving services are significantly more positive than those who are not (means of 1.96 vs. 2.15, $p < .05$). With regard to the overall MHSIP Summary score those youth still receiving services are significantly more positive than those who are not (means of 2.21 vs. 2.41, $p = .01$).

Thus as is the case for adult consumers those youth still receiving services compared to those who are not are significantly more satisfied with services in several MHSIP domains as well as for MHSIP overall.

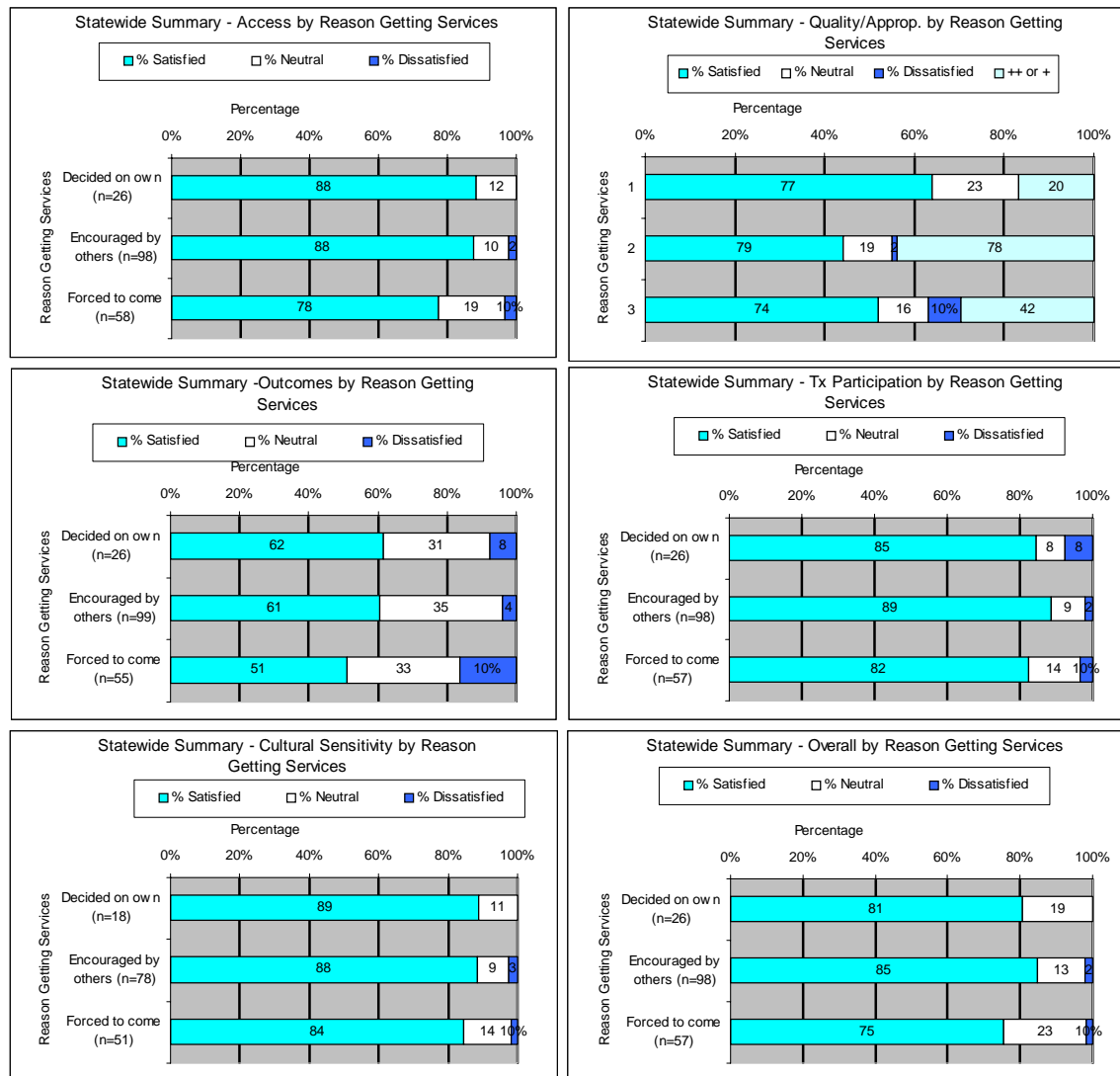
Family of Children and Youth: One hundred sixty children or youth (80%) are still receiving services from the CMHC with the remainder (20%) reported that they no longer receiving services. Five respondents did not answer the question, and was not included in this analysis. In all cases those who are still receiving services are more positive than those who are not. With the exception of the domain of Appropriateness the percentage differences shown below are not statistically reliable, however ($p > .20$ in all cases). For appropriateness those still getting services are more positive than those who are not (means of 1.94 vs. 2.08, $p < .10$). It should be noted that this result is not quite statistically significant. It is, however, consistent with the finding for Youth and Adult consumers.



Evaluation of Services by How Became Involved

Mental health centers differ in their mix of clients. One factor that may make a difference is a consumer's reason for getting mental health services. For Year 2003 parents or guardians of children and youth consumers were asked to indicate whether they had chosen to receive mental health services themselves, whether they had been encouraged by others, or whether they were forced to receive such services. This question was asked for the Family of Children and Youth sample only. In subsequent years it is expected to be extended to the other consumer surveys as well.

All but twenty-one parents/guardians answered this question; those who did not answer are not included in the charts below. For Year 2003 only a small percentage of respondents (14%) said that they chose to get services. Over half, 54% were encouraged to get such services, while about one-third (33%) reported that they were forced to receive services.



The charts above show that in each domain and overall those families whose child or youth are forced to come are less likely to be satisfied than families who fall into the other two categories. There are statistically significant differences in two domains, Access and Quality/Appropriateness ($p=.05$). For both domains the group of children and youth that are

forced to come are significantly less satisfied than the group of children and youth who decided to come to services on their own ($p < .05$ in both cases). Means for the domain of Access are 1.58 and 1.95 respectively. Means for the domain of Appropriateness are 2.17 and 1.76 respectively. The group of children and youth who were 'encouraged by others' do not differ from either of the other groups (mean of 1.73 for Access, 1.93 for Appropriateness) .

Discussion and Implications

Historically, CMHC's have valued input from consumers and family by conducting surveys requesting an evaluation of services. Again they are to be commended for this, and for taking another step by utilizing the MHSIP consumer survey in a Statewide random sample of consumers and of family with youth receiving services. The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The introduction of a survey for parents/guardians of children and youth is a worthwhile addition to past efforts. This survey will serve very well as a baseline assessment of the quality and outcome of services for the State from the perspective of this group of stakeholders. The return rate for this survey was an impressive 30%.

This is the third year that the youth survey has been conducted. It has the fewest returns, both because there are fewer cases that meet the criteria and because it has the lowest completion rate of the three surveys (completion rate of 20% this year).

For both groups an analysis of results for different demographic groups showed no statistically significant differences from this year's sample alone, nor when samples were combined in the Youth survey. That is, there were no reliable differences when comparing satisfaction rates for male vs. female clients, nor for White non-Hispanic vs. non-White clients. This is evidence for the cultural competence of CMHC staff as a whole.

No reliable differences were found when comparing CMHCs for each the Youth or Family of Children and Youth surveys. It is expected that some differences may emerge as the overall sample size increases, increasing the power of the statistical comparisons.

An intriguing finding was that like adult consumers, youth do differ in their rating of services provided depending on whether they are still receiving services. Those receiving services rate services more positively compared to those who are not. Such differences were found for the domains of Quality/Appropriateness and Cultural Competence, as well as for the MHSIP Summary score. The survey of parents/guardians of children and youth showed the same pattern but the results were not statistically significant.

Parents/guardians were also asked how their children became involved with services. For the domains of Access and Quality/Appropriateness those who decided on their own to come were significantly more positive than those who were forced to come. The largest group, those who were encouraged by others to come, were in-between these other two groups.

As has been said previously the State would derive several benefits from continuing this survey annually. Differences that existed among Providers of mental health services to youth were still not statistically reliable even when all samples were combined. The ability to detect such differences was still not large because of the small sample size relative to the number of such Centers. That is, if respondents had been distributed equally over the eleven Centers each Center

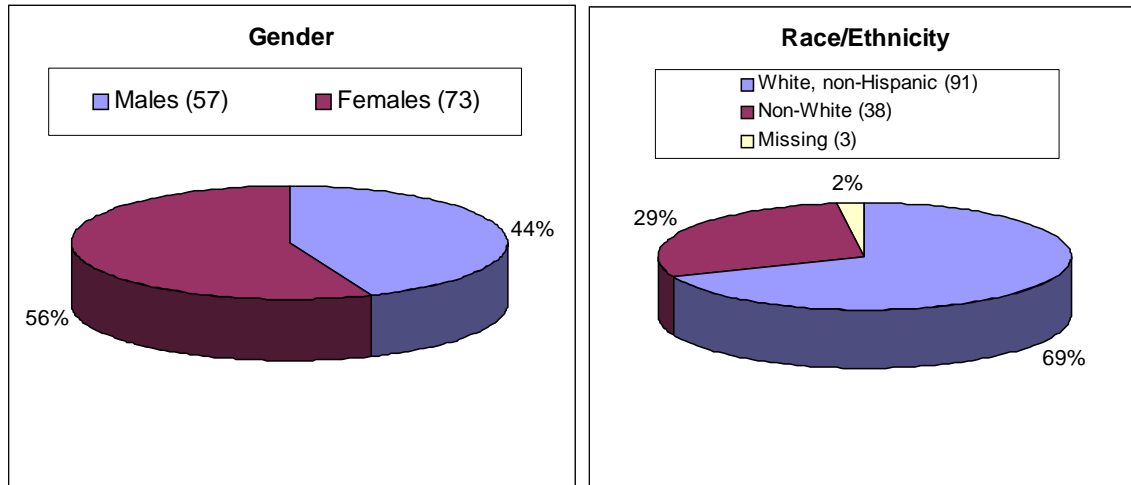
would have been assessed by approximately thirty-five youth. This would be a sufficient number of respondents per CMHC to detect meaningful differences that might exist. In actuality, even with the combined data two of the Centers still have fewer than 15 respondents. These also are the Centers with the most extreme ratings, The argument above for the Youth sample applies even more strongly to the Family of Children and Youth sample.

Thus one challenge now is for the State is to continue to increase the number of respondents who take this survey. This can best be done by a) replicating the survey each year, b) increasing the number of youth respondents from each of the Centers, and c) continuing the survey for Families of Children and Youth.. Over several years this would allow the State to determine if true differences among the Centers exist in each of these populations. It would also allow the Department to monitor possible statewide trends in responses to the MHSIP survey.

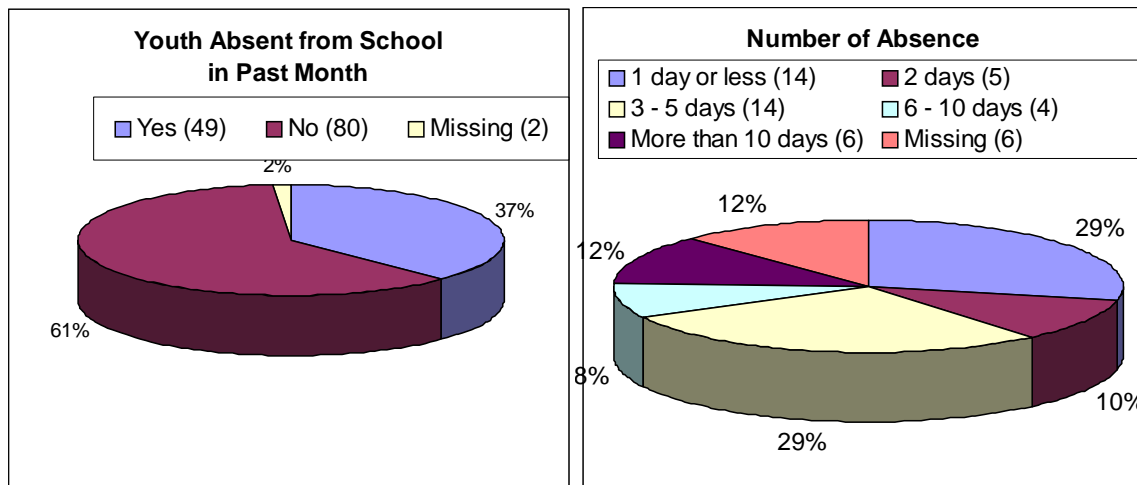
It would also be desirable to go beyond consumer surveys and get a broader picture of the performance of the CMHC's by assessing other data kept by the State's MIS systems. Such additional analyses could include penetration rates of the Providers, analysis of the services provided, and recidivism rates of their consumers. Such additional analyses would allow an assessment of the relative strengths and weaknesses of each of the regions of the State.

Appendix A.

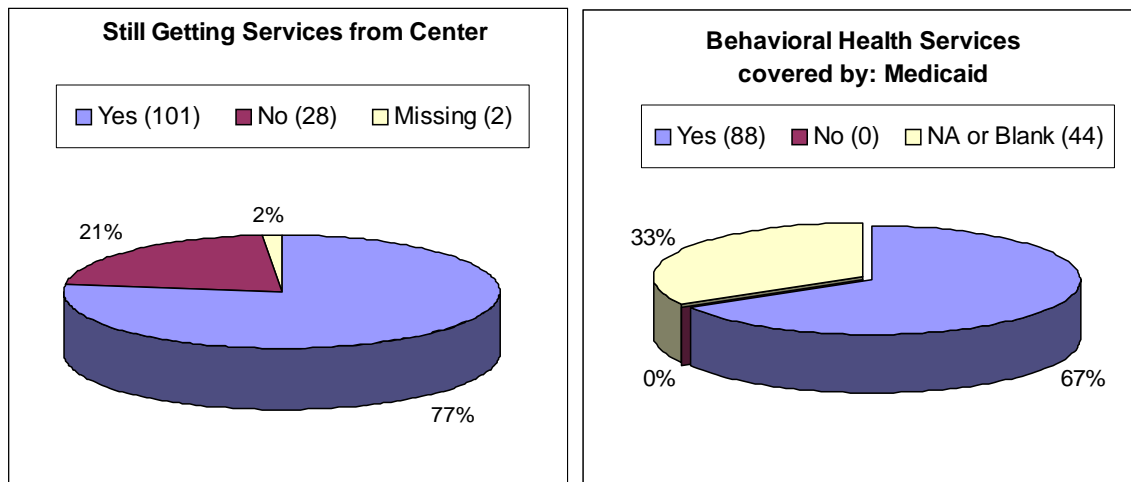
Youth 2003 Survey: Results from Demographic Questions on Survey Gender and Race/Ethnicity



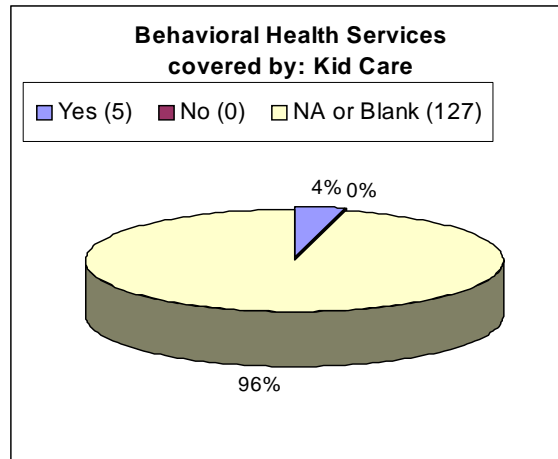
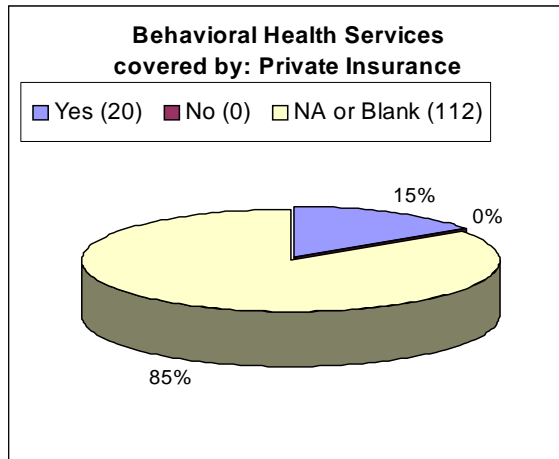
Whether Youth Absent from School Past Month, and Number of Absences



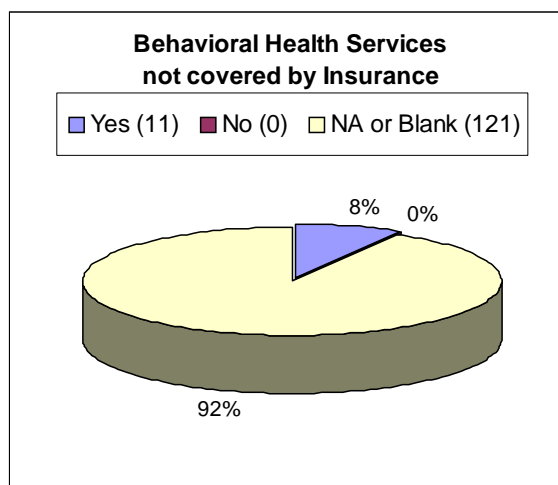
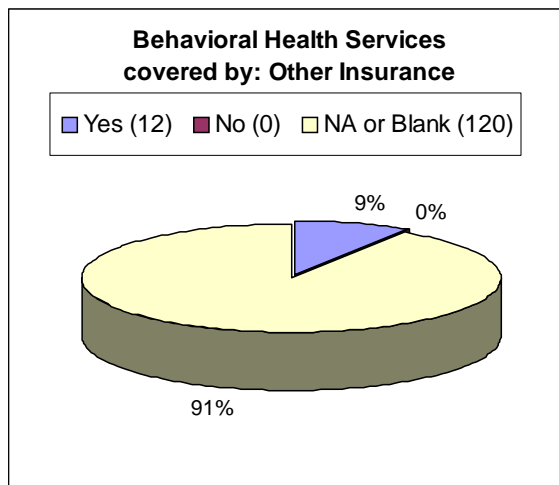
Whether Still Getting Services from this Center, and Whether Covered by Medicaid Insurance:



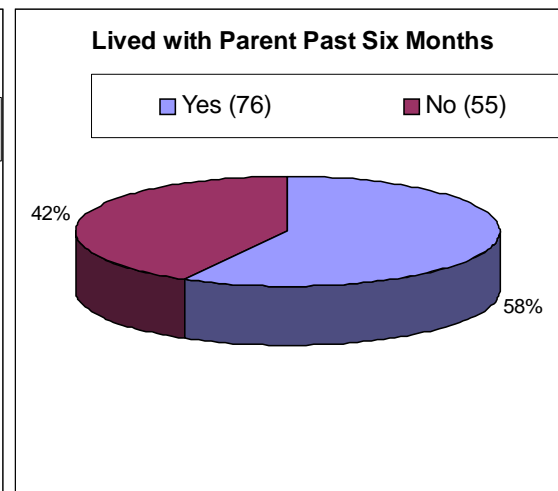
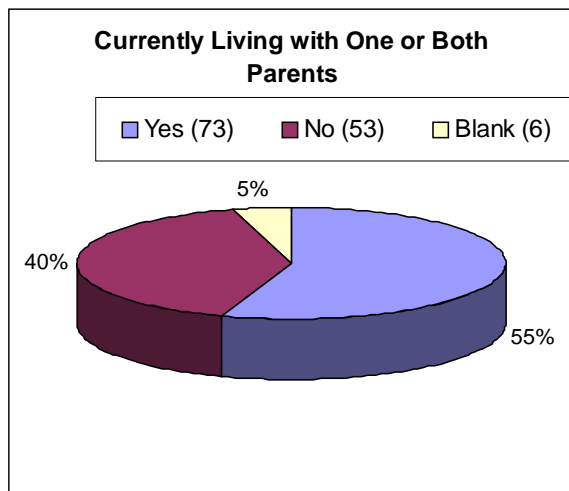
Whether have Private Insurance or Whether have Kid Care:



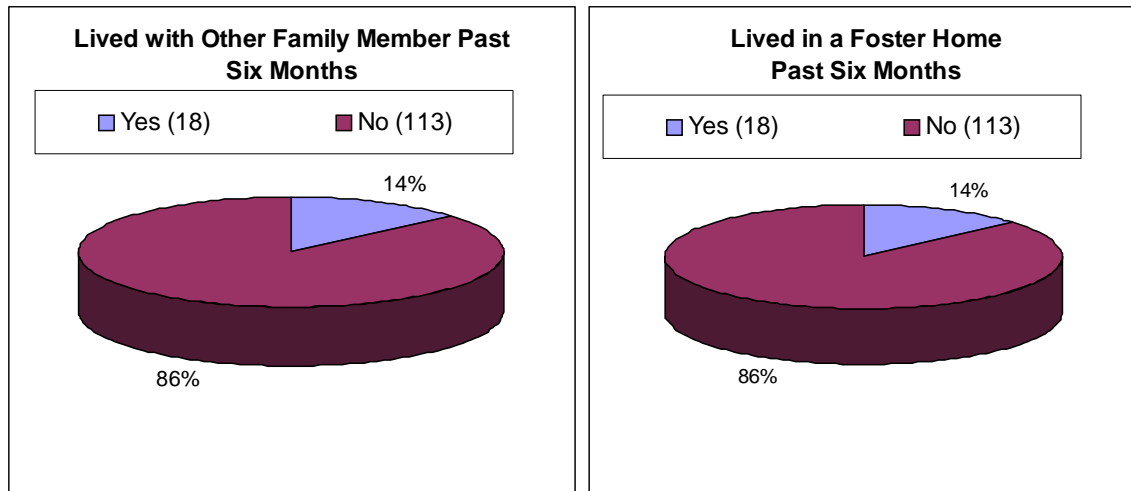
Whether have Other Insurance or Have No Insurance:



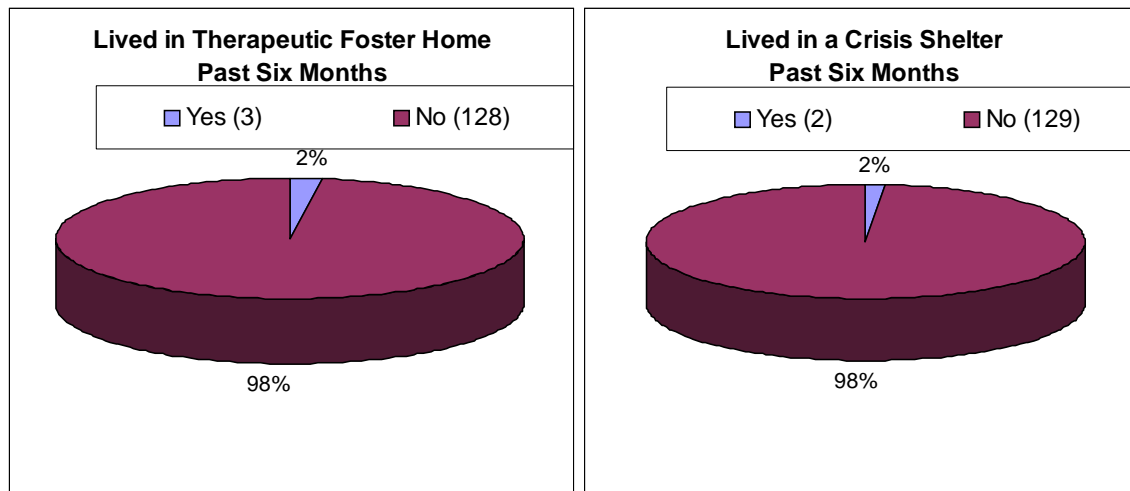
Whether Youth Currently Living with Parent(s) and Whether Youth Lived with Parents in Past Six Months



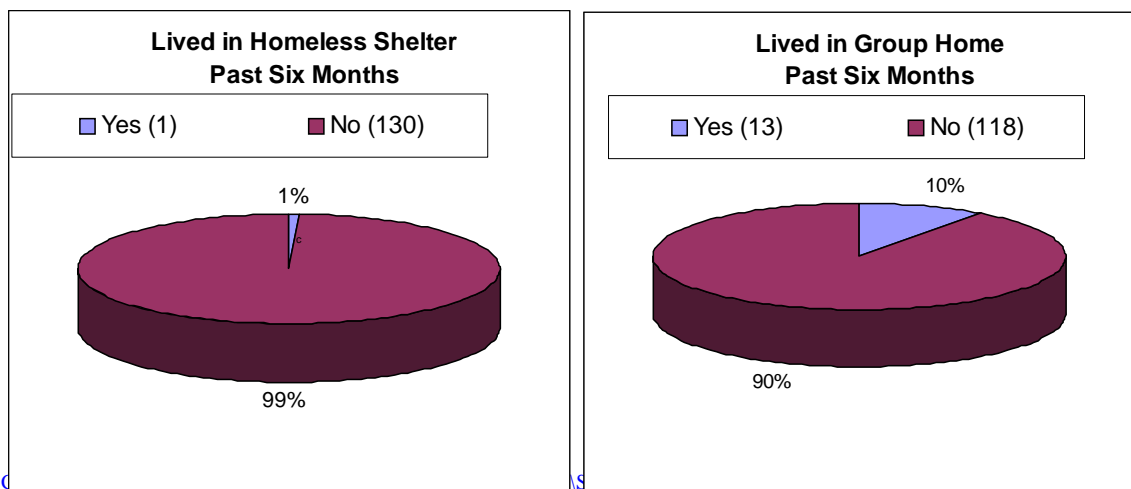
Whether Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



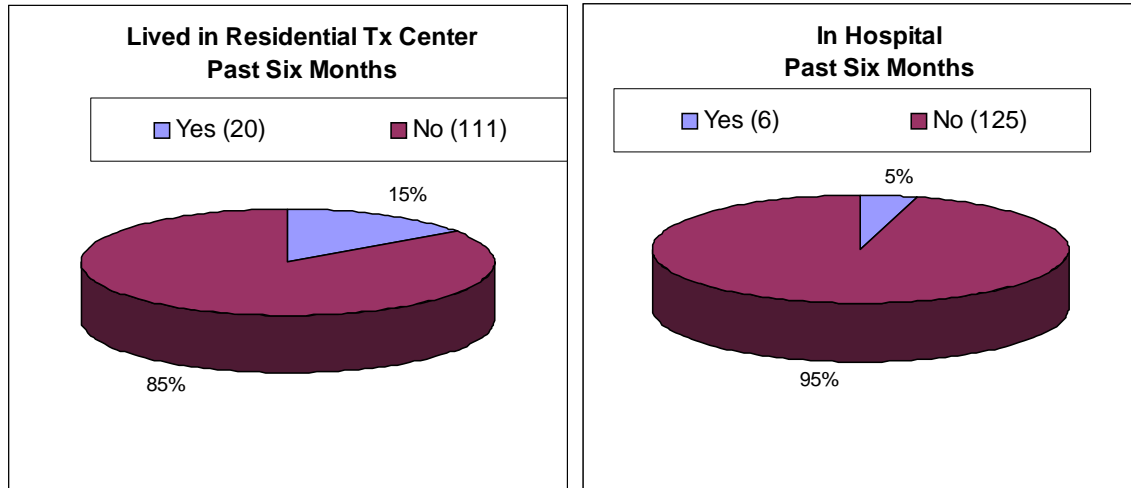
Whether Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



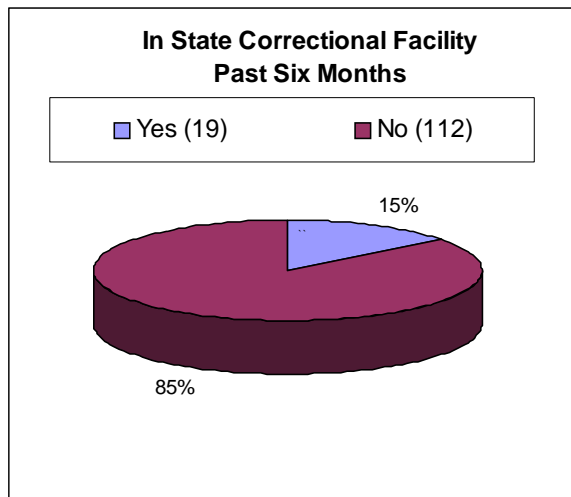
Whether Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



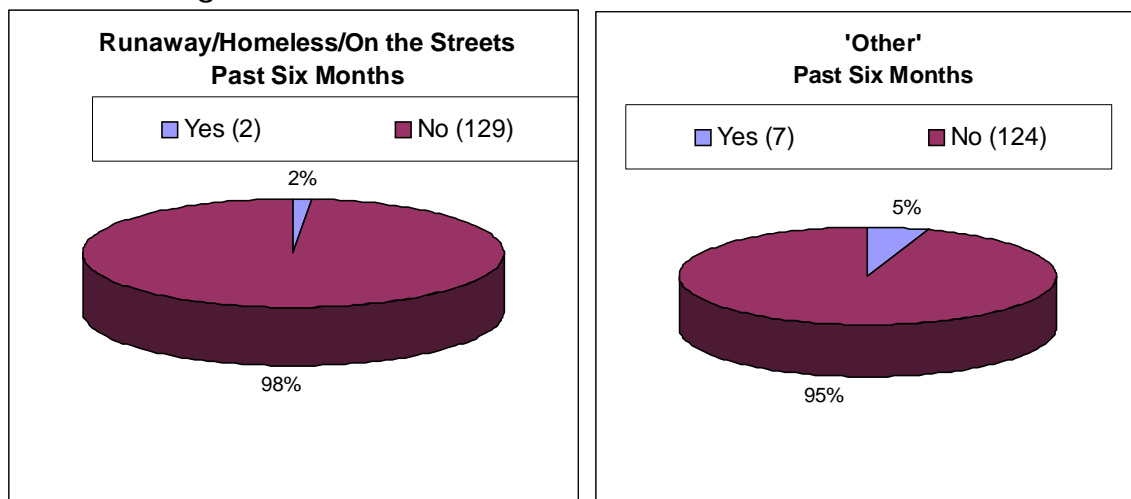
Whether Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



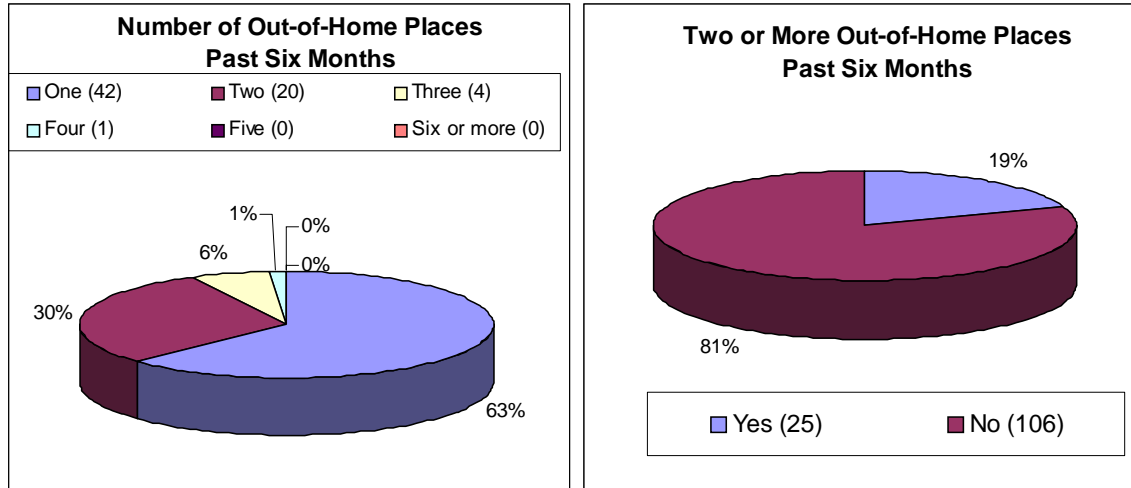
Whether Youth Lived in Local in State Correctional Facility Past Six Months



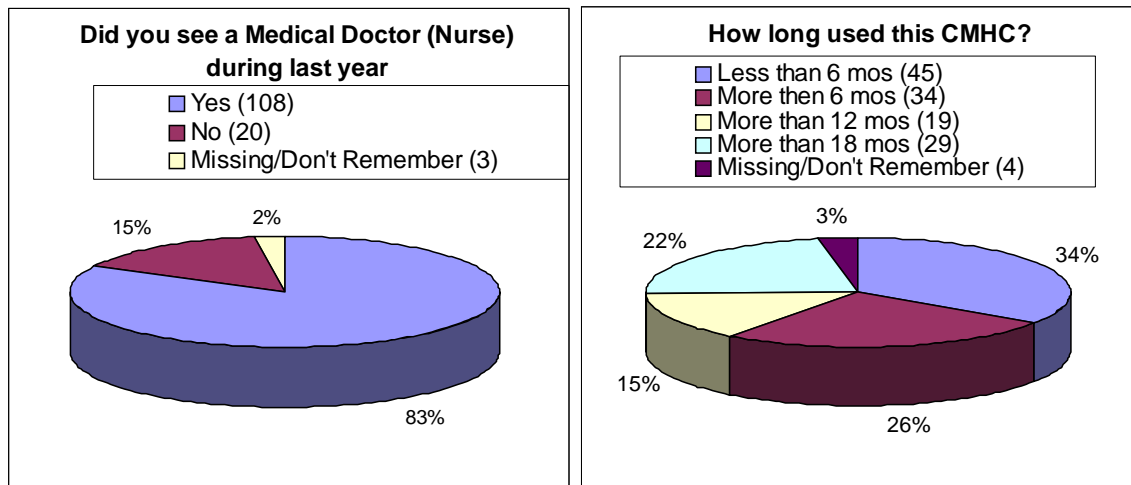
Whether Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



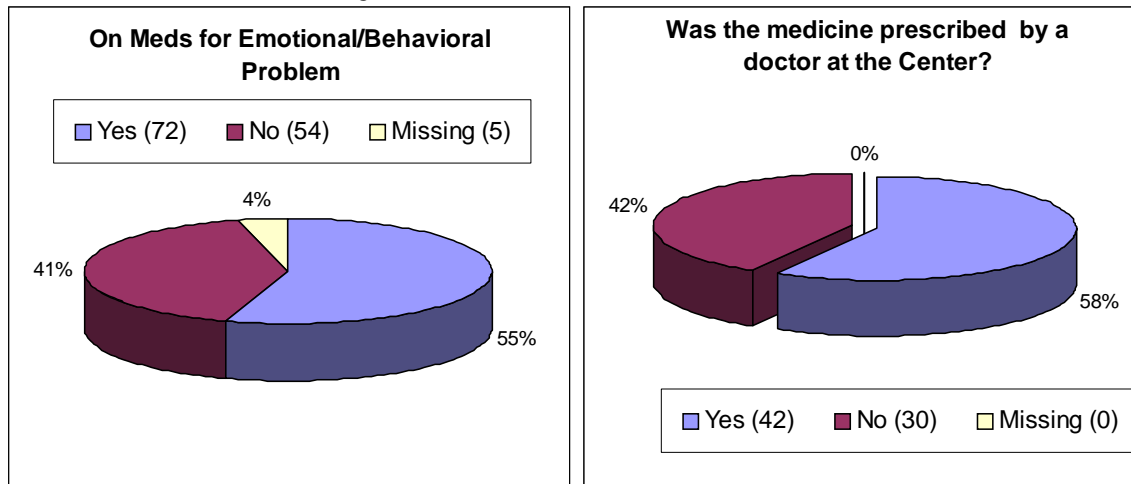
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements



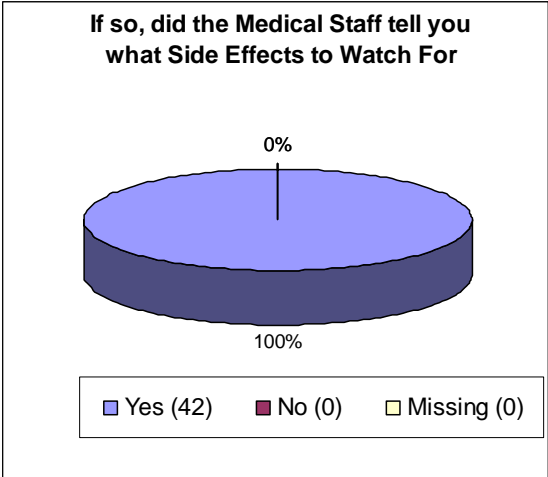
Whether Youth Saw Doctor/Nurse for Check Up/Sick, and How Long Used this CMHC:



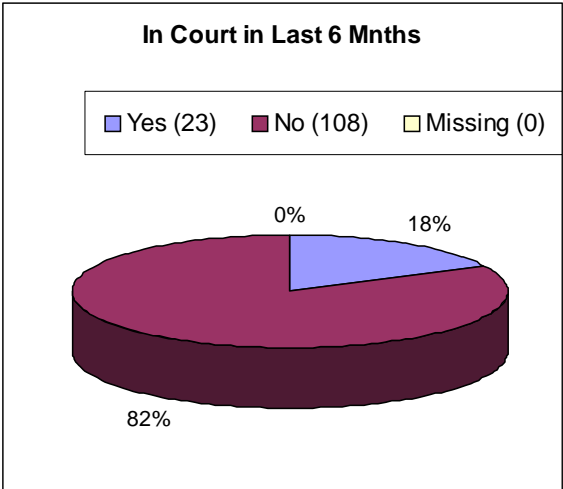
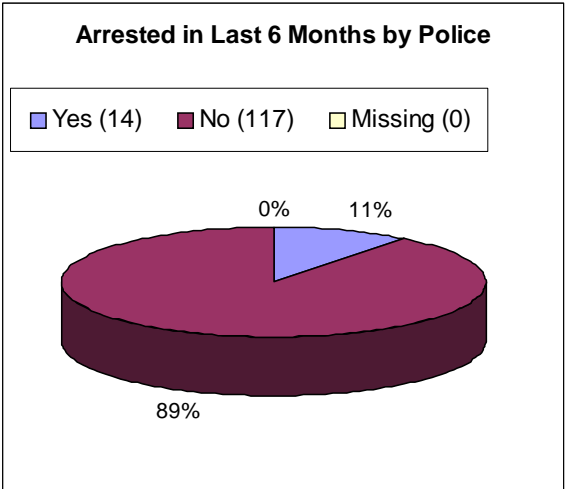
Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



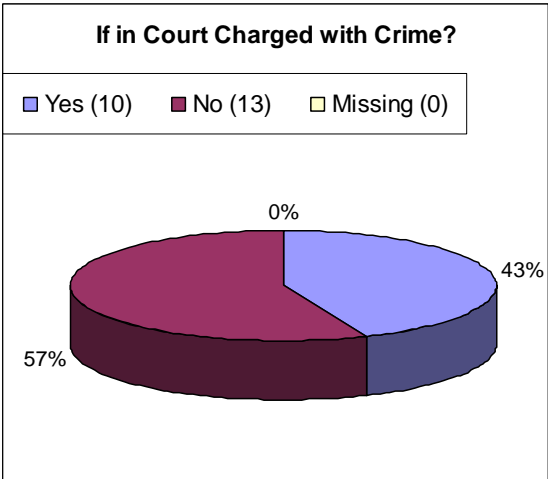
Did the Doctor or Nurse Warn about Possible Side Effects:



Whether the Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



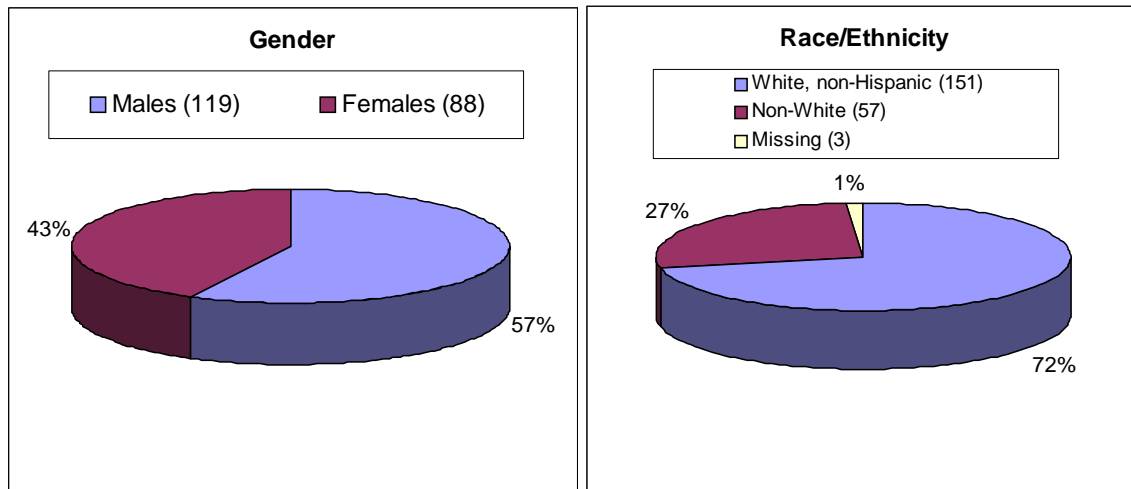
Whether if Been to Court Were You Charged With a Crime?



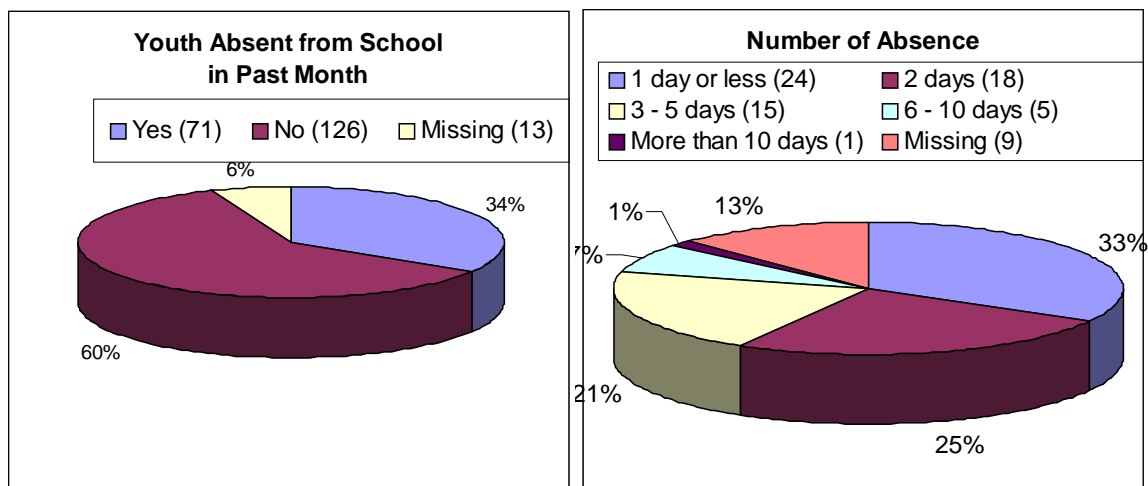
Appendix B.

Family of Children/Youth 2003 Survey: Results from Demographic and Other Questions on Survey

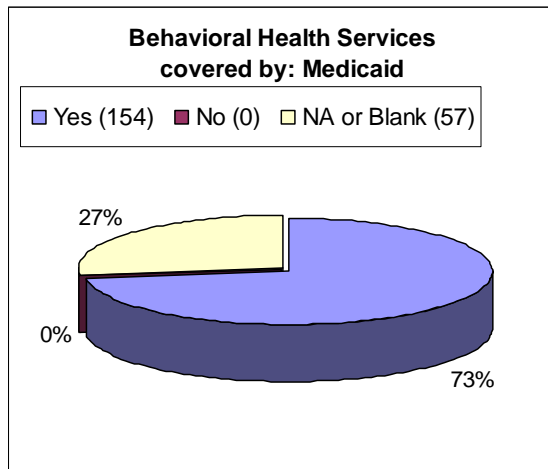
Gender and Race/Ethnicity



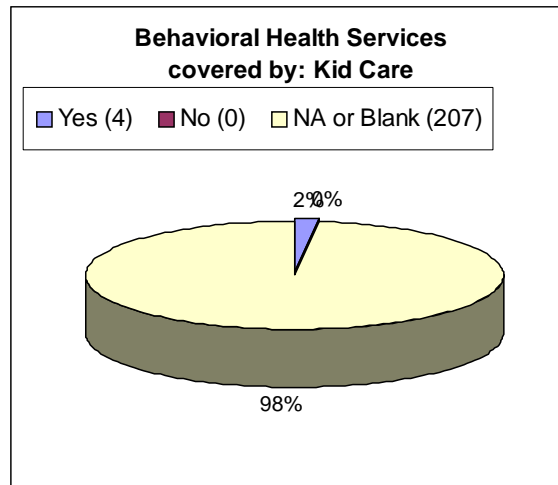
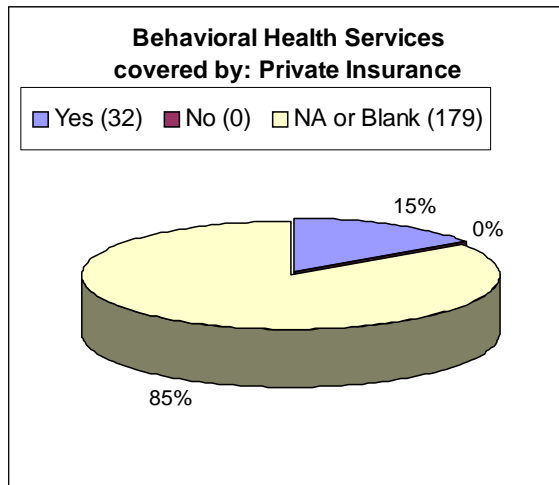
Whether Child/Youth Absent from School Past Month, and No. of Absences



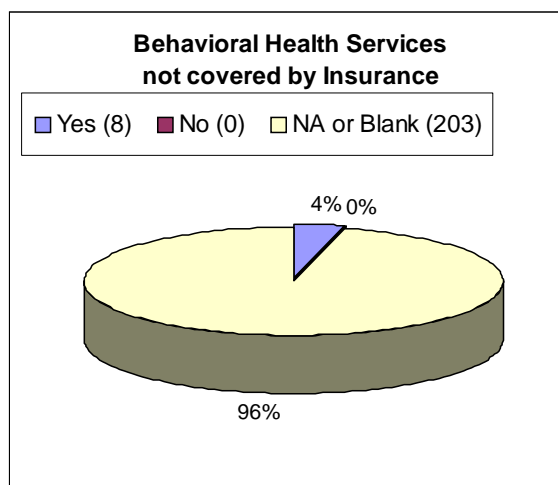
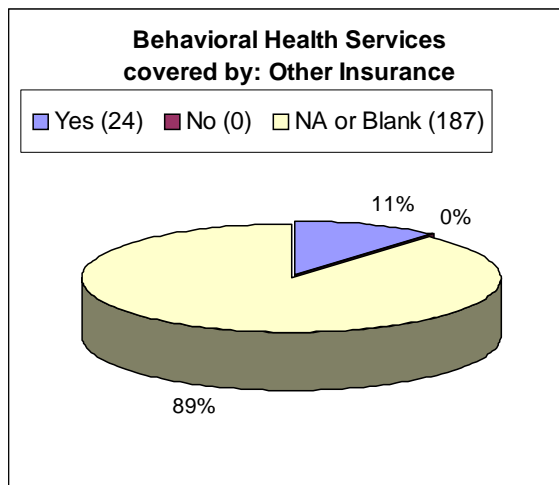
Whether have Medicaid Insurance, and Whether Still Receiving Services



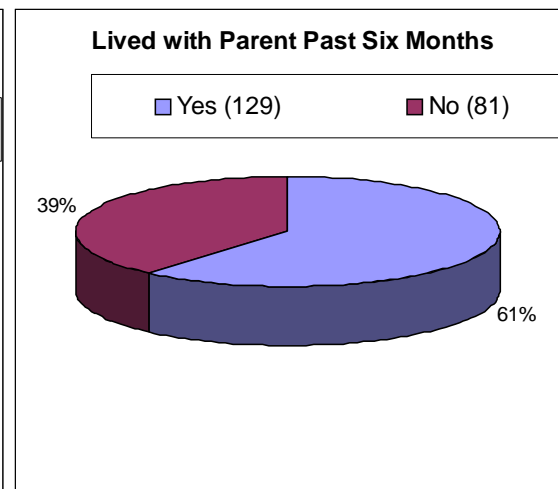
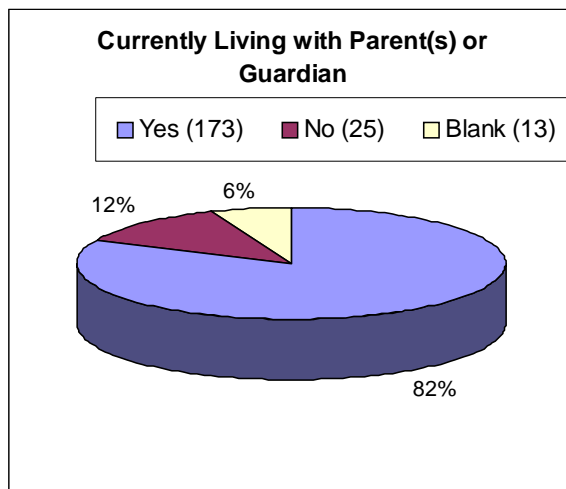
Whether have Private Insurance or Whether have Kid Care:



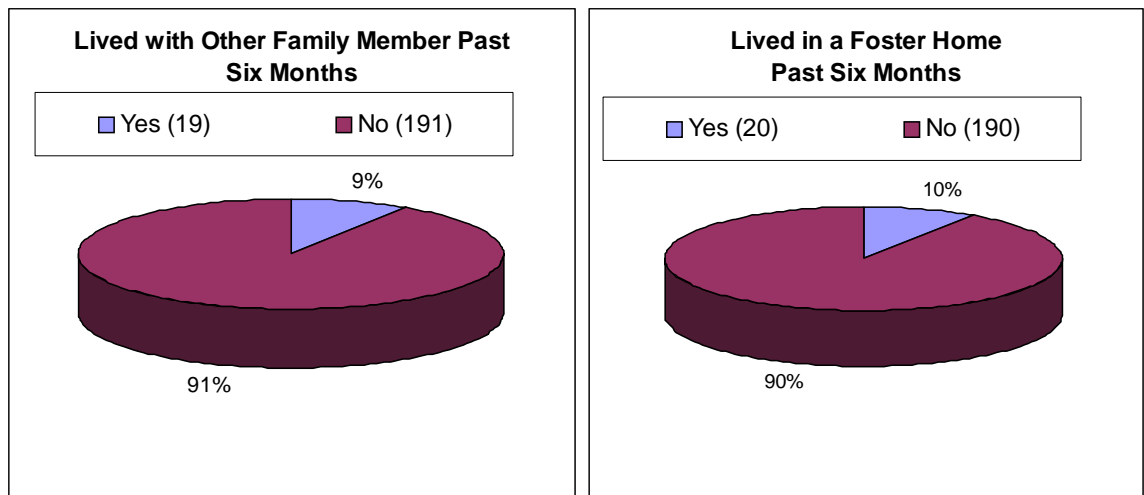
Whether have Other Insurance or Have No Insurance:



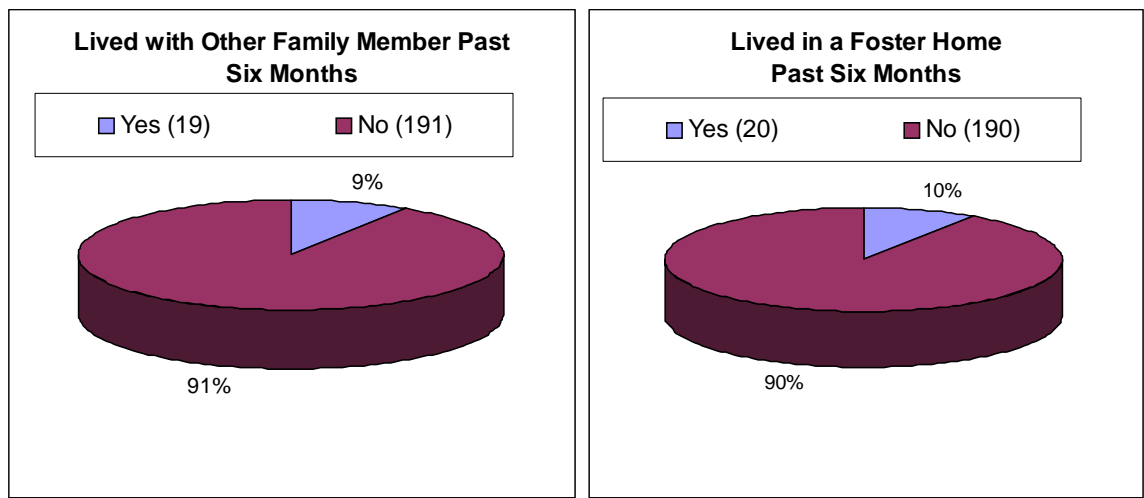
Whether Child/Youth Currently Living with Parent(s)/Guardian and Whether Lived with Parents in Past Six Months



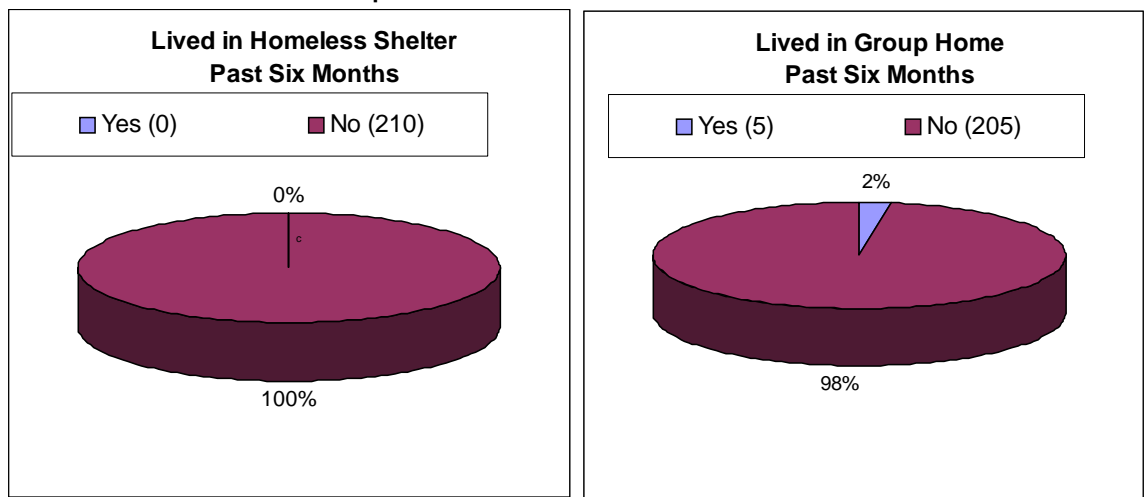
Whether Child/Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



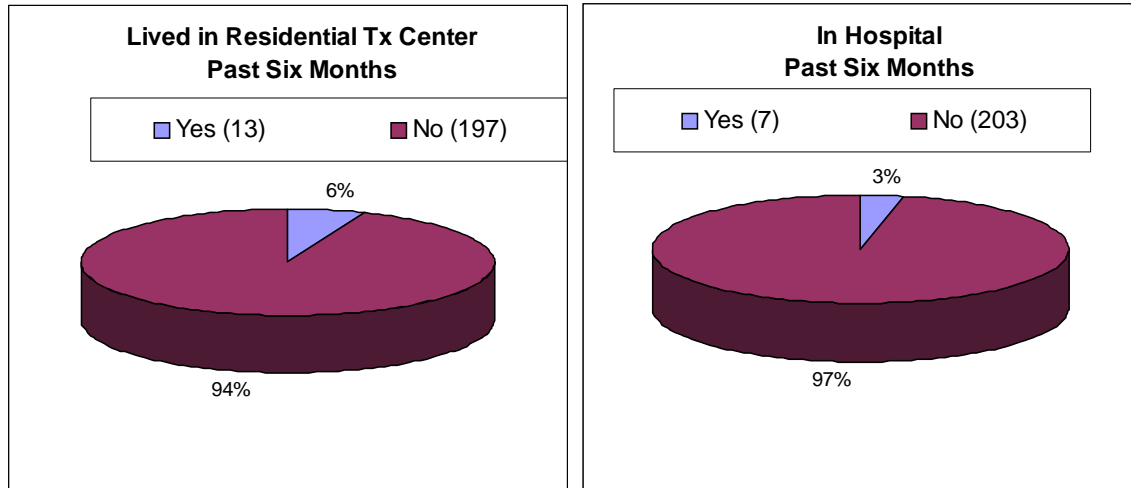
Whether Child/Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



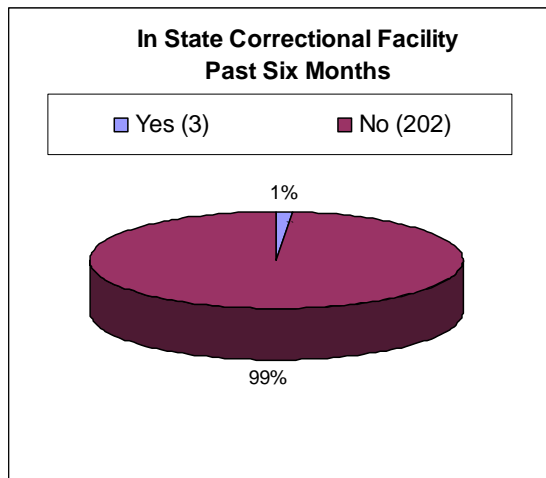
Whether Child/Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



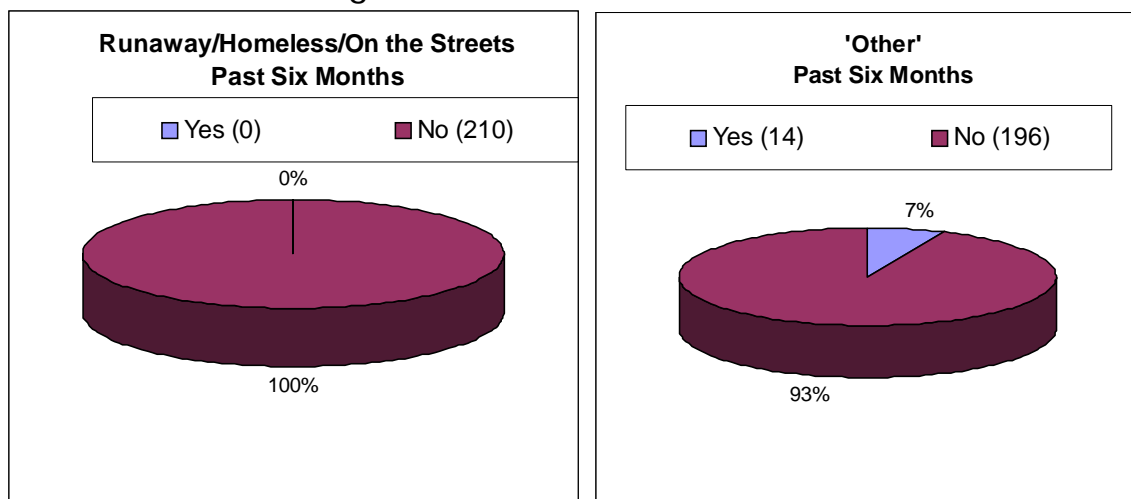
Whether Child/Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



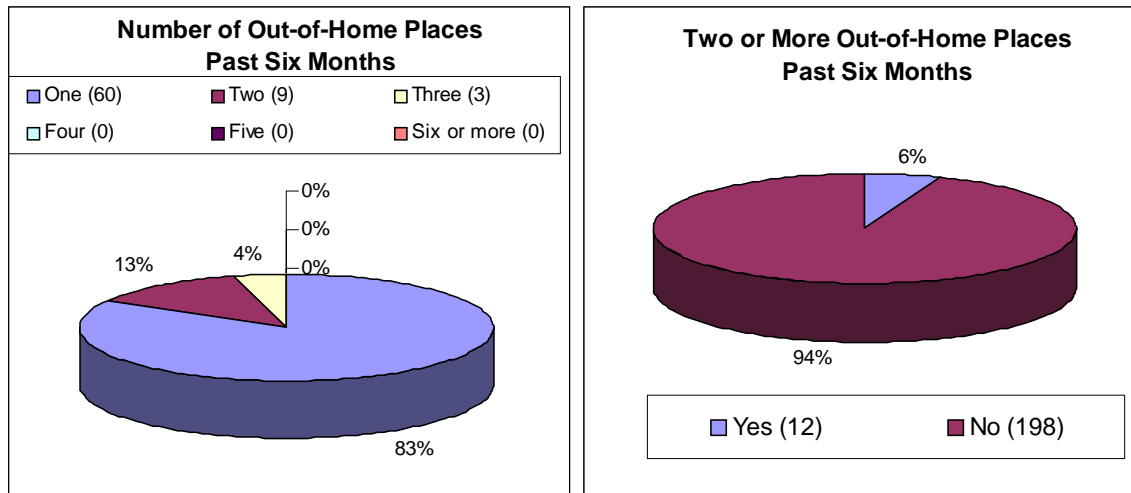
Whether Child/Youth Lived in State Correctional Facility Past Six Months



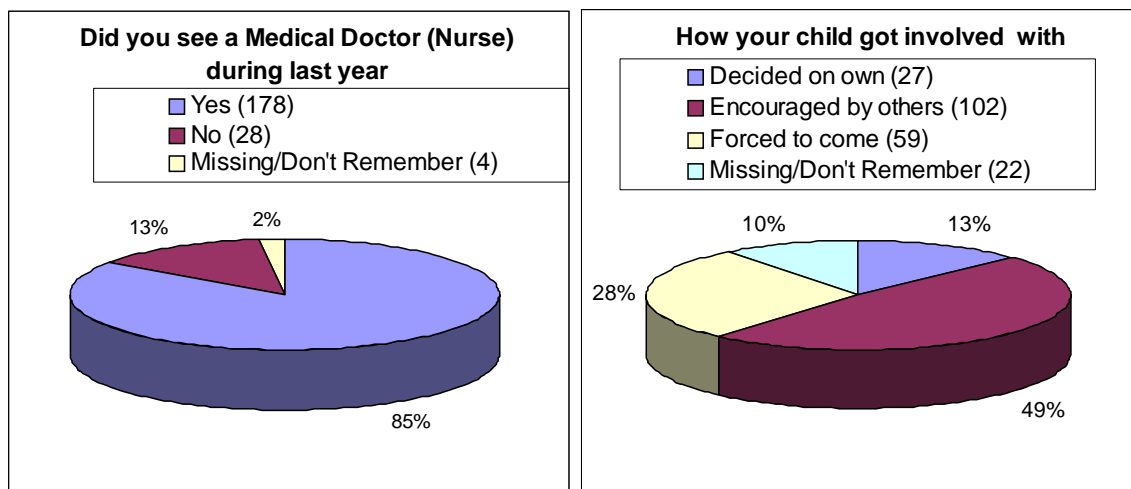
Whether Child/Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



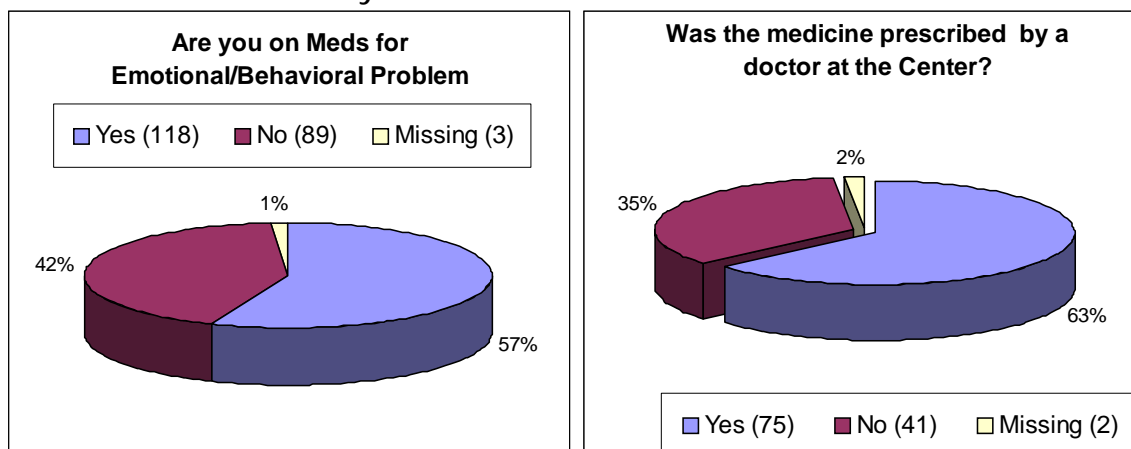
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Children/Youth with Two or More Out-of-Home Placements



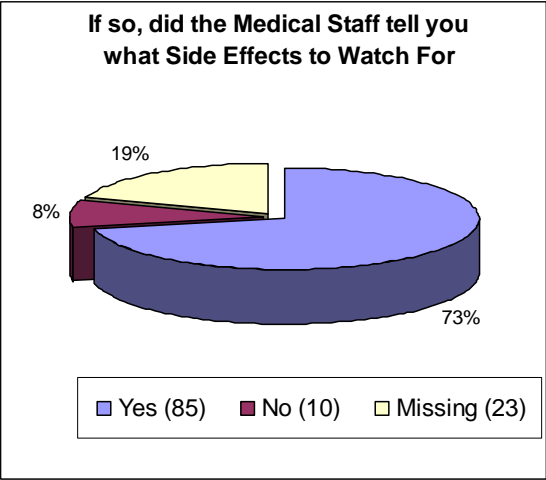
Whether Child/Youth Saw Doctor/Nurse for Check Up/Sick, and How Child Got Involved with Services at CMHC:



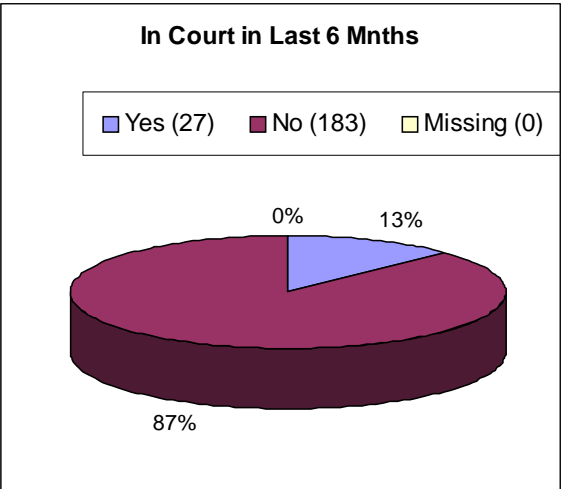
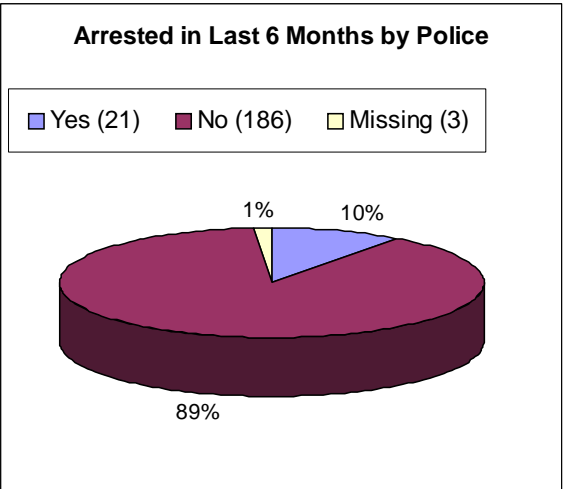
Child/Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



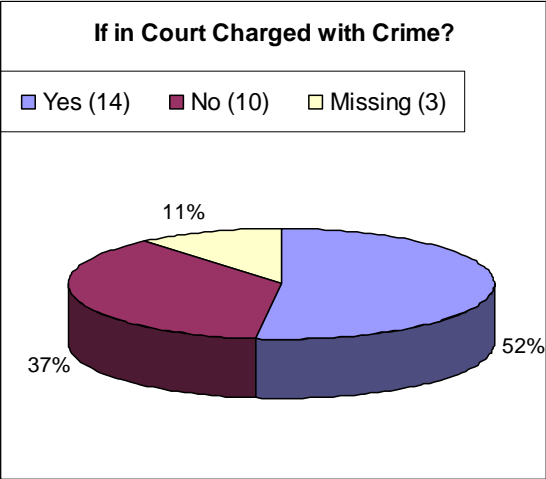
Did the Doctor or Nurse Warn about Possible Side Effects:



Whether the Child/Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



Whether if Been to Court Were You Charged With a Crime?



Whether Still Getting Services from Center and How Child Became Involved with Services

